## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

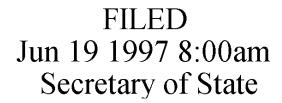
Sandra B. Morthart

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 320168

(8)

иbо	nation Man	ΙĐ				
M.	PAYNE	&	SON,	INC.		



	AYNE & SON, INC. ce of Business ROAD R3872-6716	Mailing Address 9410 PAYNE ROAD SEBRING FL 33872-9716					
				<ol> <li>Date Incorporated or Qualified 08/21/1967</li> </ol>	3a. Date of Last Report 04/19/1996		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 Suite, Apt	# oto	26 Suite, Apt. #, etc.		59-1170222	Not Applicable		
22		27		Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ite	Cily & State		6. Election Campaign Financing	\$5.00 May Be		
23 Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability to	Added to Fees		
24	25	29	30		Yes No		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	legistered Agent		
941	/NE, KELSEY F. 0 PAYNE ROAD BRING FL 33872		81 Name  82 Street Add  83 84 City	dress (P.O. Box Number is Not Accepta	able)  r  85 Zip Code		
office or agent. I a	Signature, typed or printed name of registered ag		authorized by the corpora orida Statutes.  E Registered Agent signature requ	rporation submits this statement for the ation's board of directors. I hereby accured when reinstating)  ADDITIONS/CHANGES TO OFF	DATE		
TITLE	C	DELETE	1.1 TITLE		Change Addition		
NAME	PAYNE,KELSEY F		1.2 NAME				
STREET AODRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	SEBRING FL		14 CITY-ST-ZIP				
TITLE	D Payne, beverly a	☐ DELETE	21 TITLE		Change Addition		
NAME STREET ADDRESS	9404 PAYNE RD		2 2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE	······································	Change Addition		
NAME	PAYNE,MARY E.		3.2 NAME				
STREET ADDRESS	9314 PAYNE ROAD SEBRING FL		3.3 STREET ADDRESS		•		
CITY-ST-ZIP TITLE	P	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition		
NAME	PAYNE, JOHN K		4.1 HILE 4.2 NAME		Lu change Lui Addition		
STREET ADDRESS	338 NW LAKEVIEW DR		4.2 NAME 4.3 STREET ADDRESS				
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP				
TITLE	8	DELETE	5.1 TITLE		Change Addition		
NAME	PAYNE, KELSEY F II		5.2 NAME				
STREET ADDRESS	5609 LAKE JOSEPHINE RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	SEBRING FL	· · · · · · · · · · · · · · · · · · ·	5.4 CITY - \$1 - ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

14. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open all achment with an address.