


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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 320168 (8)

1. Corporation Name
C.M. PAYNE & SON, INC.



Principal Place of Business 9410 PAYNE ROAD SEBRING FL 33872-9716	Mailing Address 9410 PAYNE ROAD SEBRING FL 33872-9716
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1967	3a. Date of Last Report 04/19/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		4. FEI Number 59-1170222	Applied For <input type="checkbox"/> Not Applicable
29		30		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
33		34		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAYNE, KELSEY F. 9410 PAYNE ROAD SEBRING FL 33872				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, KELSEY F	1.2 NAME	
STREET ADDRESS	9404 PAYNE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, BEVERLY A	2.2 NAME	
STREET ADDRESS	9404 PAYNE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MARY E.	3.2 NAME	
STREET ADDRESS	9314 PAYNE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JOHN K	4.2 NAME	
STREET ADDRESS	338 NW LAKEVIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, KELSEY F II	5.2 NAME	
STREET ADDRESS	5809 LAKE JOSEPHINE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEBRING FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:  **JOHN K. PAYNE** 6/13/97 94-375-4642

CR2E034 (9/96)