

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

FILED

**Mar 31 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/21/1967	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1170222	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
g. 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. City	
				84. City	FL 85. Zip Code
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			

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	5609 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 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* **John K. Payne** 3-26-98 94 385-4642

CR2E034 (10/97)