

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # S99354 (0)  
 1. Corporation Name  
 PAYRADOCS FARM, INC.



Principal Place of Business: RT 5, BOX 448A, V.S. DALTON ROAD, RUTHERFORDTON NC 28139  
 Mailing Address: RT 5, BOX 448A, V.S. DALTON ROAD, RUTHERFORDTON NC 28139

DO NOT WRITE IN THIS SPACE

|  |  |                        |  |  |                                |
|--|--|------------------------|--|--|--------------------------------|
| 2. Principal Place of Business                           |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report        |
| 21 155 VICTORY PASS LN                                   |  | 26 155 VICTORY PASS LN |  | 12/10/1991   | 08/12/1996                     |
| 22 Suite, Apt. #, etc.                                   |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number  | Applied For                    |
| 23 RUTHERFORDTON, N.C.                                   |  | 28 RUTHERFORDTON, N.C. |  | 65-0303838   | Not Applicable                 |
| 24 28139   |  | 25 RUTHERFORD          |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| 29 28139   |  | 30 RUTHERFORD          |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees    |
| 9. Name and Address of Current Registered Agent          |  |                        |  | 8. This corporation owes or has paid the current year (month) Personal Property Tax due June 30. |                                |
| OESTERLE, DOUGLAS W<br>9506 S RED ROAD<br>MIAMI FL 33156 |  |                        |  | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>                   |                                |
| 10. Name and Address of New Registered Agent             |  |                        |  |  |                                |
| 81 Name  |  |                        |  |  |                                |
| 82 Street Address (P.O. Box Number is Not Acceptable)    |  |                        |  |  |                                |
| 83   |  |                        |  |  |                                |
| 84 City  |  |                        |  | FL 85 Zip Code   |                                |

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's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | D                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BONNER, MACK STUART JR | 1.2 NAME  |   |
| STREET ADDRESS             | PO BOX 1521 N/A        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RUTHERFORDTON NC       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROSS, CONNIE G         | 2.2 NAME  |   |
| STREET ADDRESS             | PO BOX 1521 N/A        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | RUTHERFORDTON NC       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 3.2 NAME  |   |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME  |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME  |   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 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: *Mack Stuart Bonner Jr* MACK STUART BONNER JR  
 9/4/97 704-287-5867

CR2E034 (4/97)