FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000752 (7)**

1. Corporate Name
PAYNE GROUP, INC.

Principal Place of Business	Mailing Address
209 HARBOR DRIVE WINTER GARDEN FL 34787 US	209 HARBOR DRIVE WINTER GARDEN FL 34787 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 03/30/1994
4. FEI Number: 54-1644972 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FAIRCLOTH, SUSAN D
209 HARBOR DRIVE
WINTER GARDEN FL 34787

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	
TITLE	CDPV
NAME	PAYNE, JAMES H
STREET ADDRESS	13287 KENNY ROAD
CITY-ST-ZIP	WOODBRIDGE VA 22193
TITLE	VCD
NAME	PAYNE, RHONDA K
STREET ADDRESS	13287 KENNY ROAD
CITY-ST-ZIP	WOODBRIDGE VA 22193
TITLE	ST
NAME	BRUNO, KIM
STREET ADDRESS	NONE GIVEN
CITY-ST-ZIP	LAURAL MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: James H. Payne Pres. James H. Payne, President 4/28/95 703-670-6524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0375896 CP