

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

FILED

Apr 17 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 # F95000004890 (8)

1. Corporation Name

B-L PAYNE ENTERPRISES, INC. OF LA

Principal Place of Business

RT 8 BOX 683A
LAYETTE LA 70508

Mailing Address

RT 8 BOX 683A
LAYETTE LA 70508-9802



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

03/12/1996

4. FEI Number

72-1144124

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

PAYNE, BEN D SR
100 SCENIC HWY #111
PENSACOLA FL 32503-6639

10. Name and Address of New Registered Agent

81 Name

Ben D Payne Sr.

82 Street Address (P.O. Box Number is Not Acceptable)

6374 A W. Fairfield Dr.

83

84 City

Pensacola

85

Zip Code

32506

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-97

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
DP
PAYNE, BEN D SR
1100 SCENIC HWY #111
PENSACOLA FL 32503-6639

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS
DVT
PAYNE, LINDA
RT 8 BOX 683A
LAYETTE LA 70508

1.4 CITY - ST - ZIP ☐ DELETE

2.1 TITLE ☐ DELETE

2.2 NAME ☐ DELETE

2.3 STREET ADDRESS ☐ DELETE

2.4 CITY - ST - ZIP ☐ DELETE

2.5 TITLE ☐ DELETE

2.6 NAME ☐ DELETE

2.7 STREET ADDRESS ☐ DELETE

2.8 CITY - ST - ZIP ☐ DELETE

2.9 TITLE ☐ DELETE

2.10 NAME ☐ DELETE

2.11 STREET ADDRESS ☐ DELETE

2.12 CITY - ST - ZIP ☐ DELETE

2.13 TITLE ☐ DELETE

2.14 NAME ☐ DELETE

2.15 STREET ADDRESS ☐ DELETE

2.16 CITY - ST - ZIP ☐ DELETE

2.17 TITLE ☐ DELETE

2.18 NAME ☐ DELETE

2.19 STREET ADDRESS ☐ DELETE

2.20 CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.5 TITLE ☐ Change ☐ Addition

2.6 NAME ☐ Change ☐ Addition

2.7 STREET ADDRESS ☐ Change ☐ Addition

2.8 CITY - ST - ZIP ☐ Change ☐ Addition

2.9 TITLE ☐ Change ☐ Addition

2.10 NAME ☐ Change ☐ Addition

2.11 STREET ADDRESS ☐ Change ☐ Addition

2.12 CITY - ST - ZIP ☐ Change ☐ Addition

2.13 TITLE ☐ Change ☐ Addition

2.14 NAME ☐ Change ☐ Addition

2.15 STREET ADDRESS ☐ Change ☐ Addition

2.16 CITY - ST - ZIP ☐ Change ☐ Addition

2.17 TITLE ☐ Change ☐ Addition

2.18 NAME ☐ Change ☐ Addition

2.19 STREET ADDRESS ☐ Change ☐ Addition

2.20 CITY - ST - ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

Date

318-237-7773

Daytime Phone #

CR2E034 (9/96)