1999	Katherin Secretary	TMENT OF STATE <b>Harris</b> of State ORPORATIONS	FILED Apr 20, 1999 8:00 an Secretary of State 04-20-1999 90205 011 ***150.00	m
DOCUMENT # F95	000004890			
B-L PAYNE ENTERPRISES, I	NC: OF LA			
rincipal Place of Business	Mailing Address		I INGENING HILE LOHER DESILI OOLU UUUN KOULU OOLU U	
8 BOX 683A	RT 8 BOX 683A			
YAETTE LA 70508	LAYAETTE LA 70508		DO NOT WRITE IN THIS SPACE	1
			3. Date Incorporated or Qualifed 10/10/1995	
Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
	SSC 26 28 La Suite, Apt. #, etc.	Kue Fosse	\$8 75 Additional	
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	
La fayette L	a 28 Lota 70	the La	6. Election Campaign Financing Trust Fund Contribution	
Zip Country	2ip - 70508	Country	8. This corporation owes the current year Intangible	-1
9. Name and Address	of Current Registered Agent	30	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	
		81 Name		_
James, Jimmie 6206 Hill Top Dr		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32504		83		
		84 City	85 Zip Code	
			85 Zip Code	
1. Pursuant to the provisions of Section	s 607.0502 and 607.1508, Florida Statute	s the above-named or	FL	ed be
office or registered agent, or both, in agent. I am familiar with, and accept IGNATURE	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori	s, the above-named co	FL   prporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	ed be
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of re 2. OFFI	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered agent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named or thorized by the corpora ida Statutes. Registered Agent signature req 13.	FL.   propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered ulied when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE           SIGNATURE           2.         OFFI           TLE         OP	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered agent and title if applicable. (NOTE:	s, the above-named of thorized by the corpor- ida Statutes.	Importation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         uired when reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Change       Add	2
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered agent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named co thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE	FL.   propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered ulied when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2
office or registered agent, or both, in agent. I am familiar with, and accept Signature. typed or printed name of re	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named co thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	FL         apporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         uired when reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Qchange       □Add         1235       La Rue       For SSe         Laffarette       La ToSD8	2 dition
office or registered agent, or both, in agent. I am familiar with, and accept Signature. typed or printed name of re 2. OFFI TLE DP PAYNE, BEN D SR TREET ADDRESS 6374 A W. FAIRFIELD-TY-ST-ZIP PENSACOLA FL TLE DVT	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered agent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named co thorized by the corpora ida Statutes. Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Importation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         uired when reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Change       Add	2 dition
office or registered agent, or both, in agent. I am familiar with, and accept signature. typed or printed name of received agent, in payme, typed or printed name of received agent, in the payme, ben done of the payme, bend done of the p	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named co thorized by the corpor- ida Statutes. Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	FL   proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO SSE L 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 dition
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE SIGNATURE 2. OFFI TLE DP PAYNE, BEN D SR FREET ADDRESS 6374.A.W. FAIRFIELD TY-ST-ZIP PENSACOLA FL TLE DVT AME PAYNE, LINDA IRREET ADDRESS 177-6-BOX 683A ITY-ST-ZIP LAYAETTE LA 70508	the State of Florida. Such change was au the obligations of, Section 607.0505, Flori egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named co thorized by the corpor- ida Statutes. Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	FL         apporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         uired when reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Qchange       □Add         1235       La Rue       For SSe         Laffarette       La ToSD8	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept silenature. typed or printed name of results of the second secon	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor ogisterod egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named co thorized by the corpor- ida Statutes. Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	FL   proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO SSE L 3 F 3 7 ctte L 3 7 5 5 c L 3 F 3 7 ctte L 3 7 5 5 c L 3 F 3 7 ctte L 3 7 5 5 c L 4 F 3 7 ctte L 4 7 5 5 c L 4 F 3 7 ctte L 4 7 5 5 c L 5	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE  SIGNATURE  Signature. typed or printed name of <i>n</i> C. OFFI  T.E DP  PAYNE, BEN D SR  G374 A W. FAIRFIELD  TY-ST-ZIP  PENSACOLA FL  TLE  DVT  PAYNE, LINDA  IRRET ADDRESS  RT 0 BOX 683A  LAYAETTE LA 70508  IRRET ADDRESS	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor ogisterod egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named or thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	FL   proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO SSE L 3 F 3 7 ctte L 3 7 5 5 c L 3 F 3 7 ctte L 3 7 5 5 c L 3 F 3 7 ctte L 3 7 5 5 c L 4 F 3 7 ctte L 4 7 5 5 c L 4 F 3 7 ctte L 4 7 5 5 c L 5	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE  SIGNATURE  2. OFFI TLE DP PAYNE, BEN D SR 6374 A W. FAIRFIELD TY-ST-ZIP PENSACOLA FL TV-ST-ZIP PAYNE, LINDA IRRET ADDRESS RT & DOX 633A ILAYAETTE LA 70508 ILE MME IRRET ADDRESS TY-ST-ZIP	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor ogisterod egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named co thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	FL   proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO SSE L 3 F 3 7 ctte L 3 7 5 5 c L 3 F 3 7 ctte L 3 7 5 5 c L 3 F 3 7 ctte L 3 7 5 5 c L 4 F 3 7 ctte L 4 7 5 5 c L 4 F 3 7 ctte L 4 7 5 5 c L 5	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept signature. typed or printed name of <i>n</i> 2. OFFi  1.E DP  PAYNE, BEN D SR  6374 A W. FAIRFIELD  TY-ST-ZIP PENSACOLA FL  DVT  PAYNE, LINDA  IREET ADDRESS  7Y-ST-ZIP  LAYAETTE LA 70508  TLE  MME  IREET ADDRESS  Y-ST-ZIP  LAYAETTE LA 70508  IAYAETTE LA 70508  I	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named of thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	FL           arporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Interesting)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         QChange         Add         JATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         QChange         Add         JATE         Add         JATE         Add         JATE         Add         JATE         Add         JAGE         JAGE      <	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept IGNATURE Signature. typed or printed name of re 2. OFFI TLE DP PAYNE, BEN D SR 6374. A.W. FAIRFIELD TY-ST-ZIP PENSACOLA FL TUE DVT PAYNE, LINDA REET ADDRESS RT - 0 BOX 683A LAYAETTE LA 70508 TLE WIE REET ADDRESS TY-ST-ZIP	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named of thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	FL           arporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Interesting)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         QChange         Add         JATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         QChange         Add         JATE         Add         JATE         Add         JATE         Add         JATE         Add         JAGE         JAGE      <	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept IGNATURE  IGNATURE  Signature. typed or printed name of re  C OFFI  LE DP PAYNE, BEN D SR 6374.A.W. FAIRFIELD PAYNE, BEN D SR 6374.A.W. FAIRFIELD PAYNE, LINDA REET ADDRESS RT-0 BOX 683A LAYAETTE LA 70508 ILE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS	s, the above-named or thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	FL           arporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Interesting)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         QChange         Add         JATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         QChange         Add         JATE         Add         JATE         Add         JATE         Add         JATE         Add         JAGE         JAGE      <	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept IGNATURE Signature. typed or printed name of re 2. OFFI LE DP PAYNE, BEN D SR 6374.A.W. FAIRFIELD PENSACOLA FL DVT PENSACOLA FL DVT ME PAYNE, LINDA REET ADDRESS IT- 0-BOX 683A LAYAETTE LA 70508 ILE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE ME	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	s, the above-named or thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	FL           Inporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Under the appointment as registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of changing its registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Quarter Index of the statement for the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept IGNATURE Signature, typed or printed name of re 2. OFFI 1.E DP PAYNE, BEN D SR 6374. A.W. FAIRFIELD PENSACOLA FL IE DVT ME PAYNE, LINDA REET ADDRESS IT- 0-BOX 603A IY- ST-ZIP I.E ME REET ADDRESS IY- ST-ZIP I.E ME REET ADDRESS IY- ST-ZIP I.E ME REET ADDRESS IY- ST-ZIP I.E ME REET ADDRESS	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	s, the above-named or thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	FL           Inporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Under the appointment as registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of changing its registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Quarter Index of the statement for the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for	2 dition dition
office or registered agent, or both, in agent. I am familiar with, and accept IGNATURE Signature, typed or printed name of re 2. OFFI ILE DP PAYNE, BEN D SR 6374. A.W. FAIRFIELD IV-ST-ZIP PENSACOLA FL ILE DVT MARE PAYNE, LINDA REET ADDRESS IT - 6 BOX 663A IT - 6 BOX 663A IT - 6 BOX 663A IT - 5T-ZIP ILE MARE REET ADDRESS IY-ST-ZIP ILE MARE REET ADDRESS IY-ST-ZIP ILE MARE REET ADDRESS IY-ST-ZIP ILE MARE REET ADDRESS IY-ST-ZIP	the State of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: CERS AND DIRECTORS DELETE	s, the above-named or thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	FL           Inporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Under the appointment as registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of changing its registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Quarter Index of the statement for the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for the purpose of change         Add         Quarter Index of the statement for	2 dition dition ldition
office or registered agent, or both, in agent. I am familiar with, and accept strengther agent. I am familiar with, and accept strength	the state of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS DELETE	s, the above-named of thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	FL           Inporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Under the appointment as registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Change   Add         Add for a for	2 dition dition ldition
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE  Signature, typed or printed name of re  C. OFFI	the state of Florida. Such change was au the obligations of, Section 607.0505, Flor egistered egent and title if applicable. (NOTE: ICERS AND DIRECTORS DELETE	s, the above-named or thorized by the corpor- ida Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	FL           Inporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered         Under the appointment as registered         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:         Change   Add         Add for a for	2 dition dition ldition