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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

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DOCUMENT # H54411

JOHN H. PAYNE & SON, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90035 004 ***150.00



Mailing Address Principal Place of Business PO BOX 149594 5649 OLD CHENEY HWY ORLANDO FL 32807 ORLANDO FL 32814 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed . 04/30/1985 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2543798 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27. City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country This corporation owes the current year Intangible Personal Property Tax. Zip Zip Country □No Personal Property Tax. 30 25 29 9. Name and Address of Current Registered Agent

PAYNE, JOHN H 5649 OLD CHENEY HWY ORLANDO FL 32807

10. Name and Address of New Registered Agent					
81	Name		_		
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent.

agent. ra	III familiai witt, and acceptate poligations of, occiton cortosco, i londo	otatotos.	410100
SIGNATURE	John H. Jayer	gistered Agent signature n	4/17/99
40	78.7	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS DELETE	_	Change Addition
TITLE	— — — — — — — — — — — — — — — — — — —	1.1 TITLE	C overige \(\Box\)
NAME	PAYNE, JOHN H.	1.2 NAME	
STREET ADDRESS	-5649 OLD CHENETY HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL G.P.	1.4 CITY-ST-ZIP	
TITLE	Delete	2.1 TITLE	☐ Change ☐ Addition
NAME	John H. PAYNE 1550 County ROAL 487 CASTAE, All 35960	2.2 NAME	
STREET ADDRESS	1550 County Road 487	2.3 STREET ADDRESS	,
CITY-ST-ZIP	CASTAE, A1, 35960	2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	41 2 - 2112
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	, ,
C/TY-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, with all other like empowered.