

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J25621**

(0)

1. Corporation Name

SMITH, PAYNE INCORPORATED



Principal Place of Business

Mailing Address

P O BOX 2069
DUNNELLON FL 34430

P O BOX 2069
DUNNELLON FL 34430

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 489
State, Apt. #, etc.

26 P.O. Box 489
State, Apt. #, etc.

22 City & State
23 Dunnellon, FL

27 City & State
28 Dunnellon FL

24 Zip 34430 25 Country

29 Zip 34430 30 Country

9. Name and Address of Current Registered Agent

SMITH, CHARLES J
9871 S.W. 190TH AVE,
P.O. BOX 489
DUNNELLON FL 34430

3. Date Incorporated or Qualified

07/24/1986

3a. Date of Last Report

04/26/1995

4. FET Number

59-2694317

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

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 607.1506, 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 of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SMITH, CHARLES J	
STREET ADDRESS	9871 S.W. 190TH AVE	
CITY-STATE-ZIP	DUNNELLON FL	
TITLE	DVP	☒ DELETE
NAME	PAYNE, ARTHUR F	
STREET ADDRESS	1004 PALMETTO WAY	
CITY-STATE-ZIP	DUNNELLON FL	
TITLE	SDT	☐ DELETE
NAME	SMITH, LOUISE R	
STREET ADDRESS	9871 S.W. 190TH AVE	
CITY-STATE-ZIP	DUNNELLON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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)(k), 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 amendment with an address.

SIGNATURE:

Charles J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
OFFICE

2/15/96
DATE

CR2E034 (12/95)