

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K52510** (0)
1. Corporation Name
KELLEY & PAYNE, INC.



Principal Place of Business
**420 KELLEY ROAD
P.O. BOX 397
FROSTPROOF FL 33843**

Mailing Address
**420 KELLEY ROAD
P.O. BOX 397
FROSTPROOF FL 33843**

3. Date Incorporated or Qualified
12/20/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2977957

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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**PAYNE, DEWEY A.
420 KELLEY ROAD
FROSTPROOF FL 33843**

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
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is the registered agent of this corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
D	PAYNE, DEWEY A.	420 KELLEY ROAD	FROSTPROOF FL	
D	PAYNE, RACHEL K.	420 KELLEY ROAD	FROSTPROOF FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
1.1					
1.2					
1.3					
1.4					
2.1					
2.2					
2.3					
2.4					
3.1					
3.2					
3.3					
3.4					
4.1					
4.2					
4.3					
4.4					
5.1					
5.2					
5.3					
5.4					
6.1					
6.2					
6.3					
6.4					

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 attachment with an address.

SIGNATURE: *Rachel K. Payne* *Seig. Treas.* *2-13-96* *(941) 35-4254*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rachel K. Payne

CR2E034 (12/95)