PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000002767

1. Corporation Name

PEYTON MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address									###	
1968 PERREGRINE CIR		445-26 STATE RD 13N	·							
JACKSONVILLE FL 32259		STE. #444								
		JACKSONVILLE FL 32259			ļ	DO NOT WRITE IN THIS SPACE				
		US					3. Date Incorporated or Qualifed 01/12/1993			
2 Principal PI	ace of Business	2a. Mailing Address				-+	4. FEI Number		- Ar	oplied For
	ace of business	26					59-3162283		_ 	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.								Additional
22		27	27				5. Certifcate of Status Desired		Fee Ro	equir e d
City & State		City & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Co	untry			8. This corporation owes the curre	nt year Inta	ngible	.,
24	25	29	30		_		Personal Property Tax.		☐ Yes	No
	9. Name and Address of Curren	t Registered Agent		L.,			10. Name and Address of New Re	egistered A	lgent	
				81	Name					j
SMITH HULSEY & BUSEY				82	Street	Addres	s (P.O. Box Number is Not Acceptal	ole)		
1800 FIRST UNION NATIONAL BANK		TOWER	OWER					. ,		
225 WATER STREET										}
JACI	(SONVILLE FL 32202			84	City				85 Zip	Code
					-			FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the	above	-named	corpora	ation submits this statement for the p	ourpose of o	changing its	registered
office or a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	autnorize Florida Sta	tutes.	пе согр	oration	s board of directors. Thereby accept	tite appoin	unem as re	systered
-										}
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registere	d Ageni	t signature r	required w	hen reinstating)	DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS ANI		
TITLE	PSTD DELETE 1.1 TI		TTLE					☐ Change	☐ Addition	
NAME	PEYTON DONNA A.		1.2 N		1.2 NAME					
STREET ADDRESS	1968 PERREGRINE CIR.		1.3 \$1		1.3 STREET ADDRESS					1
CITY-ST-ZIP	JACKSONVILLE FL 32259				1.4 CITY-ST-ZIP					
TITLE	VP □ DELETE 2.1		TITLE					☐ Change	☐ Addition	
NAME	PEYTON, DANIEL W.		2.2 N		2.2 NAME					ì
STREET ADORESS	1968 PERREGRINE CIR	2.3 S		2.3 STREET ADDRESS						İ
CITY-ST-ZIP	JACKSONVILLE FL 32259		2.4	CITY-S	T- ZIP					. +-
TITLE		☐ DELETE	3.1 1	3.1 TITLE					Change	☐ Addition
NAME			3.21	AME						
STREET ADDRESS			3.3 9	STREET	ADDRESS	İ				
CITY-ST-ZIP	<u> </u>		3.4.	CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 7	ITTLE					Change	☐ Addition
NAME `			4.2	NAME						
STREET ADDRESS			439	STREET	ADDRESS					}
CITY-ST-ZIP			4.4 (CITY-ST	r-ZIP					
TITLE	DELETE 5.11		1 TITLE					☐ Change	☐ Addition	
NAME			5.21	MAME						
STREET ADDRESS			538	STREET	ADDRESS	1				
CITY-ST-ZIP				CITY-S1	r-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1	TITLE					☐ Change	☐ Addition
NAME			6.21	NAME						Ì
STREET ADDRESS			6.3 \$	STREET	ADDRESS	1				
	,		-			1				

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.

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90034 024 ***150.00