FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

PEYTON MANAGEMENT SERVICES, INC.

DOCUMENT # P93000002787 (0)

400001432114
-05/17/95--01150--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Mailing Address

~~ONE SAN JOSE PLACE #960~~
~~SUITE 20~~
~~JACKSONVILLE FL 32217~~
445-26 State Rd. 13N, #444
JACKSONVILLE, FL 32259

Principal Place of Business

~~ONE SAN JOSE PLACE~~
~~SUITE 20~~
~~JACKSONVILLE FL 32217~~
1969 PERREGRINE CIR.
JACKSONVILLE, FL 32259

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 01/12/1993

3a. Date of Last Report: 08-01-94

2. Mailing Address
21 445-26 STATE RD 13 N

Suite, Apt. #, etc.
22 444

City & State
23 JACKSONVILLE, FL

Zip 24 32259 Country 25 ST. JOHNS

2a. Principal Place of Business
26 1968 PERREGRINE CIR

Suite, Apt. #, etc.
27

City & State
28 JACKSONVILLE, FL

Zip 29 32259 Country 30 ST. JOHNS

4. FEI Number: 59-3162283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 Amount Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRES/SEC/TREAS/DIRECTOR	11 TITLE	PRES/SEC/TREAS/DIRECTOR
12 NAME	DONNA A. PEYTON	12 NAME	DONNA A PEYTON
13 STREET ADDRESS	1968 PERREGRINE CIR	13 STREET ADDRESS	1968 PERREGRINE CIR
14 CITY ST ZIP	JACKSONVILLE, FL 32259	14 CITY ST ZIP	JACKSONVILLE, FL 32259
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	DA
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	5-1-95
64 CITY ST ZIP		64 CITY ST 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna A Peyton DONNA A PEYTON PRES/DIRECTOR 5-1-95 (904)287-1529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #