

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 # P94000074186 (5)

1. Corporation Name

JAMES D. PAYNE, C.P.A., P.A.



Principal Place of Business

12701 U.S. 19  
SUITE C  
HUDSON FL 34667

Mailing Address

12701 U.S. 19  
SUITE C  
HUDSON FL 34667

3. Date Incorporated or Qualified  
10/10/1994

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAYNE, JAMES D  
1417 E. 109TH AVENUE  
TAMPA FL 33612

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 607.1508, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of filing

(Date) Required Agent signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
PAYNE, JAMES D  
1417 E 109TH AVE  
TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*James D. Payne*

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

2. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

3. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

4. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

5. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

6. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY - ST - ZIP

☐ Change ☐ Addition

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Secretary  
Payne, Pamela B  
1417 E 109 AVE  
Tampa FL 33612

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/96 8139331770

CR2E034 (12/95)