

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
Division of Corporations

**APPROVED  
AND  
FILED**

65 MAY -1 AM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000092782 (9)**

**LARRY PAYTON, INC.**

Principal Place of Business: 13495 SE 108TH COURT ROAD, OCKLAWAHA FL 32179  
Mailing Address: 13495 SE 108TH COURT ROAD, OCKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		3a. Date of Last Report	
12/23/1994			
4. FEI Number		Applied For	
59-328 5081		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Has an Unpaid Tax or Other Liability		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
7. Has the Corporation had liability for damages for under \$100,000 Florida Statutes			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business	2a. Mailing Address	22. State Apt # (if)	27. State Apt # (if)
21	26	23. City & State	28. City & State
24. County	25. County	29. City	30. City

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAYTON, KATHLEEN 1243 SOUTH U.S. HIGHWAY 441 BELLEVIEW FL 34420				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 607.0503, Florida Statutes.

SIGNATURE: *Kathleen Payton* DATE: 4-17-95

12. OFFICERS AND DIRECTORS		13. AGENTS FOR CHANGE OF ADDRESS AND NAME	
12.1 TITLE	D	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	PAYTON, LAWRENCE H	13.2 NAME	
12.3 STREET ADDRESS	13495 SE 108TH COURT ROAD	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	OCKLAWAHA FL 32179	13.4 CITY, ST, ZIP	
12.5 TITLE		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP		13.8 CITY, ST, ZIP	
12.9 TITLE		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and shows true and fully for the information stated in the form (9102) filed Florida Statutes. I further certify that the information is not filed for the annual report or supplemental annual report or fees and credits 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 1, or Block 3, or Block 4, or on an attachment with an address.

SIGNATURE: *Lawrence H. Payton* *Lawrence H. Payton* DATE: 4-17-95 904 289-5837

*President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION  
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1995



FLORIDA DEPARTMENT OF STATE  
Candice B. McHarris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000093239 (9)**

1. Corporation Name  
**ISLAND OCTOPUS, INC.**

Principal Place of Business Mailing Address  
**2425 LOST COLONY ROAD  
SANIBEL ISLAND FL 33957**

APPROVED  
15  
FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 27  
23 28  
24 25 29 30

3. Date incorporated or Qualified 3a. Date of Last Report  
**12/28/1994** **N/A**  
4. FEI Number Applied For  
**65-0558845** Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6.  \$5.00 May Be Added to Fees  
7. The corporation has liability for intangible tax under S. 194(1)(2) Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IRVING, TIMOTHY K  
2425 LOST COLONY ROAD  
SANIBEL ISLAND FL 33957**

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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED AGENTS

TITLE	PSD
NAME	IRVING, TIMOTHY K
STREET ADDRESS	2425 LOST COLONY ROAD
CITY, ST, ZIP	SANIBEL ISLAND FL 33957
TITLE	VTD
NAME	IRVING, MARY
STREET ADDRESS	2425 LOST COLONY ROAD
CITY, ST, ZIP	SANIBEL ISLAND FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

14. I 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)(b), 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 or changed or on an attachment with an address.

SIGNATURE: *Mary Irving* Mary Irving VP 4/27/95 (813) 472 6226  
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR