## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092782 (9)

LARRY PAYTON, INC.

Principal Place of Business Mailing Address

13495 SE 108TH COURT ROAD OCKLAWAHA FL 32179

13495 SE 108TH COURT ROAD OCKLAWAHA FL 32179-4919

## FILED Mar 12 1997 8:00am Secretary of State



ı								
						3. Date Incorporated or Qualified	3a. Date of La	' 1
						12/23/1994 03/13/1996		
	Place of Business	2a. Mailing Ad	2a. Mailing Address			4, FEI Number		Applied For
21		26				59-3285081		Not Applicable
Sarc Apt. ''''1	# Efe:	h	Suite Apt. #. etc.			5. Certificate of Status Desired		75 Additional
22		[27]						e Required
City & Str	e e	City & Sta	ie			6. Election Campaign Financing		.00 May Be
<b>23</b> ] 70)	Country	28 Zip		Country		Trust Fund Contribution		ded to Fees
24	1	h	<u> </u>	Journay		8. This corporation has liability for	intangible tax und ¶Yes □ No	ier s. 199.032,
24	25  g. Name and Address of Curr	29 29 Anni Registered Ager	30			Florida Statutes 2  10. Name and Address of New Re	= <del></del> .	
BANG		on nogiotered riger		81	Name	(U. Name and Address of New Ne	Aisteien wähit	
PAYTON, KATHLEEN 12113 SOUTH U.S. HIGHWAY 441								
					Street A	ddress (P.O. Box Number is Not Acceptable)		
BELL	EVIEW FL 34420			83				
				84	City		FL 85	Zip Code
11 Pursulant	To the provisions of Sections 607 (	502 and 607 1508. FL	orida Statutes, the	o abov	-named r	cornoration submits this statement for the r	Durnosea of changi	na ite registered
office or i	registered agent, or boln, in the Sta	the of Florida. Such of	nange was author	ized by	the corp	corporation submits this statement for the poration's board of directors. I hereby acceptation's	of the appointmen	nt as registered
agent La			07.0505, Florida (	Statutes	3.			_
SIGNATURE	Kathleen Yo	ydoso ayni and title ir apolicable					<del>ر، کی</del>	0-97
		ag/ri and title it apolicable AND DIRECTORS			int signature r	equired when reinstating)	DATE	TODA 11.
_ <b>12.</b> H,F	D OFFICE MS A			.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Char	
	•	[_]					L Criar	ige [] Adoliton
NAM9	PAYTON, LAWRENCE H	40		.2 NAME				
STREET ADDRESS	1 10 100 00 100 111 000 111 110	AU			ADDRESS			
CHY-SI ZIP	OCKLAWAHA FL 32179			4 CITY-S	T-ZIP			
HILE		LJ		1 TITLE			Char	nge 🔲 Addition
NAME	: ! !		2	2 NAME				
STREET A (DRESS	!		2	3 STREET	ADDRESS			
_GPY_51_7P[_	· · · · · · · · · · · · · · · · · · ·			4 CITY-	ST- ZIP			
I.I.E		اا	DELETE 3	1 TITLE			Char	nge 📙 Addition
NAM			3	2 NAME				
STREET ADDRESS.	İ		3	3 STREET	ADDRESS			
CITY ST 76				4 CITY-S	ST - ZIP			
1ιI,€			DELÉTE 4	1 TITLE	Ţ		☐ Char	nge Addition
NAME			4	. 2 NAME				
STREET ADDRESS			4	3 STREET	ADDRESS			
CITY - ST. 742				4 CITY - S	T-ZIP			
BI F	1		DELETE 5	1 TITLE			☐ Char	nge Addition
PAME 1	!		5	2 NAME				
5:6H ( 7.:196 S)	<u>.</u>		5	3 STREET	ADDRESS			
Orvist As	: !		5	4 CITY-S	T-ZIP			
1ti, E	· · · · · · · · · · · · · · · · · · ·			1 TITLE			Char	nge Addition
NAME			6	2 NAME			_	
SONLET A IDNESS					ADDRESS			
01°Y 51-7-2			<b>I</b> •	4 CITY-S				
	by cert by that the information supp	hed with this filing doe				ated in Section 119.07(3)(i), Florida Statute	s. I further certify	that the

4. Obligatory certly that the information supplied with mistining does not quality for the exemption stated in Section 119.07(3)(i). Forda Statutes. I furner certify that the information indicated on this annual report or suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 13 if changed, or on an attachment with an address.

SIGNATURE:

SULLE SE STATE OF SUMMO OFFICER OR DIRECTOR

year,

3-10-91 350-288-5831