

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034477

1. Corporation Name
PAYNE, SANDERS, AND ASSOCIATES, INC.

Principal Place of Business		Mailing Address	
826 LOGGERHEAD STREET SUGARLOAF KEY FL 33042		826 LOGGERHEAD STREET SUGARLOAF KEY FL 33042	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
9. Name and Address of Current Registered Agent			
GODDARD, TOM 826 LOGGERHEAD STREET SUGARLOAF KEY FL 33042			
10. Name and Address of New Registered Agent			
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PAYNE, TOMMY D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	826 LOGGERHEAD STREET	1.2 NAME	
STREET ADDRESS	SUGARLOAF KEY FL 33042	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SANDERS, J DENNIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	826 LOGGERHEAD ST	2.2 NAME	
STREET ADDRESS	SUGARLOAF KEY FL 33042	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GODDARD, TOM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	826 LOGGERHEAD ST	3.2 NAME	
STREET ADDRESS	SUGARLOAF KEY FL 33042	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ST GODDARD, KARIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	826 LOGGERHEAD ST	4.2 NAME	
STREET ADDRESS	SUGARLOAF KEY FL 33042	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy D. Payne

4-2-99 770 214 8200 ext. 15
Date Daytime Phone #

FILED
Apr 07, 1999 8:00 am
Secretary of State

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