SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 13, 1999 8:00 am Secretary of State

08-13-1999 90011 037 ***550.00

1999	DIVI		
DOCUMENT # 1. Corporation Name	P970000888	331	

PAYNE S	SERVICES, INC.					
,,,,,,,	02.117.020, 1110			/	L CERCISERI XUR IRIUL IRRU GRUM ROMA ROM	
Principal Place of Business Mailing Address					4 8810) 1878; 10101 (8788 14101 (18) 1801	
ORANGE PARK		719 WINFRED PLACE ORANGE PARK FL 32073				
Similar Films				DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified	
					10/14/1997	
Principal Place of Business Address Address			4. FEI Number	Applied For		
21 26		_	59-3475280	Not Applicable		
Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22 27 20 40 50 40						
City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28	Coun	tru		-
·	— ·	29	30	u y	 This corporation owes the current your Intangible Personal Property. 	Yes No
24	9. Name and Address of Curren		30 		10. Name and Address of New Regis	
	o. Hame and Addies of Cartes	rtogiotorou rigori		B1 Name		
PAY	NE, JOYCE A					
	WINFRED PLACE			Street Addre	ess (P.O. Box Number is Not Acceptable)	
ORANGE PARK FL 32073		-	83			
				64 City		FL 85 Zip Code
11. Pursuant	t to the provisions of sections 607.0502	and 607,1508, Florida Statute	s, the abo	ve-named corpor	ration submits this statement for the purpos	e of changing its registered
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized	by the corporation	on's board of directors. I hereby accept the	appointment as registered
		ulons or, section 607.0505, Fic	nua statu	ics.		1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NC	TE: Register	d Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITE	E	- · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	PAYNE, JOYCE A	PAYNE, JOYCE A 1.2 NAME		IE .		
STREET ADDRESS	719 WINFRED PLACE		1.3 STR	EET ADDRESS		
CITY-ST-Z#P	ORANGE PARK FL 32073	· · ·	1.4 CIT	/-ST-ZIP		
TITLE	D	DELETE	2.1 T(T)	E		Change Addition
NAME	PAYNE, DANIEL D		2.2 NA	tE .		1
STREET ADDRESS	719 WINFRED PLACE		2.3 STR	EET ADDRESS	يوميني والمحاصين والمراجع المعالي	ļ
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CIT	-ST-ZIP		
TITLE	<u> </u>	DELETE	3.1 TIT			Change Addition
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STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4.CIT	-ST-ZIP		
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NAME		DELETE	_	· · · · · · · · · · · · · · · · · · ·		Change Addition
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STREET ADDRESS		☐ DELETE	4.1 TITI 4.2 NAI 4.3 STR	IE EET ADDRESS (-ST-ZIP		Change Addition
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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.

SIGNATURE: _

SIGNATURE PAQUIRE

1-10-99 9042695318

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