FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64747** **(6)**

1. Corporation Name
PAYMASTER MANAGEMENT, INC.

Principal Place of Business
201 FLORIDA PLACE. S.E.
FT. WALTON BEACH FL 32549
US

Mailing Address
P. O. BOX 2587
FT. WALTON BEACH FL 32549-2587
US

3. Date Incorporated or Qualified: **07/02/1991**
3a. Date of Last Report: **02/23/1996**

4. FEI Number: **59-3071784** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21 91 Peady Ave
22
23 Ft. Walton Bch, Fl
24 Zip 32548 25 County Okaloosa

2a. Mailing Address
26 P.O. Box 2587
27
28 Ft. Walton Beach, Fl
29 Zip 32549 30 Country Okaloosa

9. Name and Address of Current Registered Agent
BROOKS, JANICE FOSTER
861 MASTERS BLVD
SHALIMAR FL 32579

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 Section 607.1605 and 607.1503, 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: (Required) (Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	☐ DELETE	11 TITLE: Vice President	☐ Change ☐ Addition
NAME: BROOKS, JANICE F		12 NAME	
STREET ADDRESS: 861 THE MASTERS BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP: SHALIMAR FL		14 CITY-ST-ZIP	
TITLE: P	☐ DELETE	21 TITLE: President	☐ Change ☐ Addition
NAME: BROOKS, MARION E.		22 NAME	
STREET ADDRESS: 861 THE MASTERS BLVD.		23 STREET ADDRESS	
CITY-ST-ZIP: SHALIMAR FL		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 report or supplemental 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 with an indication of or an attachment with an address.

SIGNATURE: Janice Foster Brooks 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #