

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S99354 (0)**

1. Corporation Name  
**PAYRADOCS FARM, INC.**



Principal Place of Business RT 5, BOX 448A V.S. DALTON ROAD RUTHERFORDTON NC 28139	Mailing Address RT 5, BOX 448A V.S. DALTON ROAD RUTHERFORDTON NC 28139
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/10/1991</b>		3a. Date of Last Report <b>08/12/1996</b>	
2. Principal Place of Business 21 <b>155 VICTORY PASS LN</b>		2a. Mailing Address 26 <b>155 VICTORY PASS LN</b>	
4. FEI Number <b>65-0303838</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
22		27	
23 <b>RUTHERFORDTON, N.C.</b>		28 <b>RUTHERFORDTON, N.C.</b>	
24 <b>28139</b>		25 <b>RUTHERFORD</b>	
29 <b>28139</b>		30 <b>RUTHERFORD</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

OESTERLE, DOUGLAS W 9506 S RED ROAD MIAMI FL 33156		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONNER, MACK STUART JR</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 1521 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RUTHERFORDTON NC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, CONNIE G</b>	2.2 NAME	
STREET ADDRESS	<b>PO BOX 1521 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RUTHERFORDTON NC</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		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 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 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: *Mack Stuart Bonner Jr* **MACK STUART BONNER JR**  
 9/4/97 704-287-5867

CR2E034 (4/97)