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PROFIT CORPORATION , ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V00227

1. Corporation Name

CLEVE PAYNE, INC.

Principal Place of Business	Mailing Address		(((()))) () () () () () ()	
7985 HWY 17/92	PO BOX 1732			
SUITE #1	LONGWOOD FL 32752		DO NOT WOITE IN THE	e enace
FERN PARK FL 32730	US		DO NOT WRITE IN THI	S SPACE
us			3. Date Incorporated or Qualifed	
			12/13/1991	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3194734	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	
24 25	29 3	0	Personal Property Tax.	Yes X
Name and Address of Current Registered Agent		28. Name and Address of New Registered Agent		
DAVE 1111 AND 5		81 Name	E VAY 10	
RAYE, LILLAND E		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	-1
208 S SUMMERLINS		1707	Sommerling	7 = 128 1/28 1/48 1/4
ORLANDO FL 32730		88	(ccc)	7
		7. U	21135. roxmon	OS Zin Codo
		84 City>	Florida Florid	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-named corpo	pration submits this statement for the purpose	of changing its registered
office or registered agent, or och, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was aut	horized by the corporation	n's board of directors. I hereby accept the app	ointment as registered
agent. I am familiar with, and acsept the contra	none or Section 607.0505, Fight	ia Statutes.	م مر الم	30
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable (NOTE R	egistered Agent signature required	when reinstating) DATE	
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME PAYNE, CLEVELAND A.	·	1.2 NAME		
STREET ADDRESS -302 SOUTH DOVER CT		1.3 STREET ADDRESS		
LIEATUDOM EL		1.4 CITY-ST-ZIP		
TITLE Clear Land A. Ve	یری DELETE	2.1 TITLE		☐ Change ☐ Addition
		22 NAME	المعياهي والمرازات	
NAME POSSIBLY S. STREET ADDRESS FEW PORK F	77070		•	
	20180	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	ר"ז אברבוב	3.1 TITLE		
NAME	_	3.2 NAME -		
STREET ADDRESS	· · · · -	3.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	3.4. CITY-ST-ZIP		- Character Chiller
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP				l l
		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE			☐ Change ☐ Addition
TITLE NAME	☐ DELETE	4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not quality 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 reserver 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.

6.2 NAME

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Addition

Change