


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 849777 (8) 1. Corporation Name PERFORMANCE FEEDERS, INC.					
Principal Place of Business 251 DUNBAR AVENUE OLDSMAR FL 34677			Mailing Address 251 DUNBAR AVENUE OLDSMAR FL 34677		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 11000		07/21/1981	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 OLDSMAR, FL		35-1301763	
24 Country		29 34677-0107		30 USA	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
NELSON, RICHARD D 1810 PINE HILL DR. SAFETY HARBOR FL 34695			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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	NELSON, RICHARD D				
STREET ADDRESS	1810 PINE HILL DRIVE				
CITY-ST-ZIP	SAFETY HARBOR FL				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	NELSON, GEORGIA				
STREET ADDRESS	39650 US 19N UNIT 1016				
CITY-ST-ZIP	TARPON SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BROWNE, NORRIS A.				
STREET ADDRESS	110 CHICKEN ST.				
CITY-ST-ZIP	WILTON CT				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	PFLUM, GREGORY				
STREET ADDRESS	3004 BONAVENTURE CIRCLE				
CITY-ST-ZIP	PALM HARBOR FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	ENRIGHT, PAMELA E.				
1.3 STREET ADDRESS	1112 GREENLEA DRIVE				
1.4 CITY-ST-ZIP	HOLIDAY, FL 34691				
2.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	NELSON, GEORGIA				
2.3 STREET ADDRESS	39650 U.S. 19 N. UNIT 1015				
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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.

SIGNATURE: RICHARD D. NELSON 1/5/98 313/855-2685

CR2E034 (10/97)