

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -3 PM 5:59**

**DOCUMENT # N35416 (9)**

1. Corporation Name  
**F.E.A.S.T., INC.**

Principal Place of Business  
**2223 NEBRASKA AVE.  
PALM HARBOR FL 34683  
US**

Mailing Address  
**P.O. BOX 2154  
PALM HARBOR FL 34682  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/27/1989</b>	3a. Date of Last Report <b>02/18/1994</b>
4. FEI Number <b>50-2981961</b>	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent  
**WHITE, JAY  
3536 LANDMARK TRL.  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name <b>David L. Rankin</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>180 Sheffield Circle W.</b>
83
84 City <b>Palm Harbor</b>
85 Zip Code <b>FL 34683</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *David L. Rankin* DATE: **3/23/95**

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>BRUCKART, KEN</b>
STREET ADDRESS <b>3636 FISHER RD.</b>	CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>
TITLE <b>D</b>	NAME <b>MARTIN, HELEN</b>
STREET ADDRESS <b>221 LAKE TARPON DR.</b>	CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>
TITLE <b>VD</b>	NAME <b>MARTIN, WARREN</b>
STREET ADDRESS <b>221 LAKE TARPON DR.</b>	CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>
TITLE <b>T</b>	NAME <b>WHITE, JAY</b>
STREET ADDRESS <b>3536 LANDMARK TRL</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>
TITLE <b>S</b>	NAME <b>RANKIN, DAVID</b>
STREET ADDRESS <b>3504 SNOWNY EGRET CT</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME <b>PD</b>
1.3 STREET ADDRESS <b>David L. Rankin</b>	1.4 CITY-ST-ZIP <b>180 Sheffield Circle W. Palm Harbor, Fl. 34683</b>
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME <b>VP Maryanne Brooks</b>
2.3 STREET ADDRESS <b>920 Wexford Leas Blvd.</b>	2.4 CITY-ST-ZIP <b>Palm Harbor, FL. 34683</b>
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME <b>SD</b>
3.3 STREET ADDRESS <b>Ken Bruckart</b>	3.4 CITY-ST-ZIP <b>3636 Fisher Rd. Palm Harbor, Fl 34684</b>
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME <b>D</b>
4.3 STREET ADDRESS <b>Henry Fortner</b>	4.4 CITY-ST-ZIP <b>1313 Westlake Blvd. Palm Harbor, Florida 34683</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Rankin* DATE: **3/23/95** (813) 769-5275