

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N35416 (9)**  
1. Corporation Name  
**F.E.A.S.T., INC.**



Principal Place of Business <b>2223 NEBRASKA AVE. PALM HARBOR FL 34683 US</b>	Mailing Address <b>P.O. BOX 2154 PALM HARBOR FL 34682-2154 US</b>
--	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/27/1989</b>	3a. Date of Last Report <b>02/22/1996</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number <b>59-2981961</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RANKIN, DAVID L 180 SHEFFIELD CIRCLE W PALM HARBOR FL 34683</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) <b>321 ARISTOTLE ST</b> 83. City <b>Palm Harbor</b> FL 85. Zip Code <b>34683</b>
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Sign and type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>RANKIN, DAVID L</b>	1.1 TITLE <b>PD</b>	1.2 NAME <b>FORREST VAN VOORST</b>
STREET ADDRESS <b>180 SHEFFIELD CIRCLE W</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	1.3 STREET ADDRESS <b>321 ARISTOTLE ST</b>	1.4 CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>
TITLE <b>VP</b>	NAME <b>O'BRIEN, CHARLES</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>851 PALM COURT</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>SD</b>	NAME <b>BRUCKART, KEN</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>3636 FISHER RD</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <b>T</b>	NAME <b>WHITE, JAY</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>3536 LANDMARK TRL</b>	CITY-ST-ZIP <b>PALM HARBOR FL</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jay White Date: 1.12.97 Daytime Phone #: 786-1388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)