

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004673 (9)

1. Corporation Name

LISCO FEEDING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 30101
TAMPA FL 33630

P.O. BOX 30101
TAMPA FL 33630



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
09/09/1994	05/01/1995
4. FEI Number	Applied For
59-3264206	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	400001835384
NAME	BYRNES, DONALD J	1.2 NAME	-05/22/96--01094--042
STREET ADDRESS	5730 N. HOOVER BLVD.	1.3 STREET ADDRESS	***200.00
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	PD
NAME	WHITING, PAUL L	2.2 NAME	
STREET ADDRESS	5730 N. HOOVER BLVD.	2.3 STREET ADDRESS	601 South Harbour Island Blvd Ste # 200
CITY-ST-ZIP	TAMPA FL 33634	2.4 CITY-ST-ZIP	Tampa, FL 33602-3141
TITLE	SD	3.1 TITLE	
NAME	ADIKES, ROBERT K	3.2 NAME	
STREET ADDRESS	5730 N. HOOVER BLVD.	3.3 STREET ADDRESS	601 South Harbour Island Blvd Ste # 200
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	Tampa, FL 33602-3141
TITLE	T	4.1 TITLE	V
NAME	DRYER, STEPHEN J	4.2 NAME	
STREET ADDRESS	5730 N. HOOVER BLVD.	4.3 STREET ADDRESS	601 South Harbour Island Blvd Ste # 200
CITY-ST-ZIP	TAMPA FL 33634	4.4 CITY-ST-ZIP	Tampa, FL 33602-3141
TITLE		5.1 TITLE	T
NAME		5.2 NAME	Kipphut, W. Michael
STREET ADDRESS		5.3 STREET ADDRESS	601 South Harbour Island Blvd Ste # 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33602-3141
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. Dryer

4/24/96

(813) 204-5200

CR2E034 (12/95)