

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000046370 (1)

1. Corporation Name

F.A.S.T. LIMITED, INC.



Principal Place of Business

324 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301

Mailing Address

324 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

10/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

32301

25

29

32301

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAYNHAM, JERRY G  
315 BEARD ST  
TALLAHASSEE FL 32303

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 Jerry G. Traynham

1/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME GRISSOM, MICHAEL  
STREET ADDRESS 2056 MILETOE CT  
CITY-STATE-ZIP TALLAHASSEE FL 32311-9614

TITLE VD  
NAME MILLS, ROBERT D  
STREET ADDRESS 6509 OMAHA TRAIL  
CITY-STATE-ZIP TALLAHASSEE FL 32308-1727

TITLE SD  
NAME HINTON, DANIEL D  
STREET ADDRESS 6110 ASTORIA AVE.  
CITY-STATE-ZIP FT. MYERS FL 33905

TITLE TD  
NAME OWENS, JOHN T  
STREET ADDRESS 3232 CRANLEIGH DR  
CITY-STATE-ZIP TALLAHASSEE FL 32308-2812

TITLE D  
NAME BRIGGS, JAMES R  
STREET ADDRESS 9443 LAKESHORE DR  
CITY-STATE-ZIP CLERMONT FL 34711-8646

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 904)681-9551

CR2E034 (12/95)