

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

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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 US**
Mailing Address: **324 EAST VIRGINIA STREET TALLAHASSEE FL 32301-1266 US**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 06/30/1993	3a. Date of Last Report 02/08/1996
4. FEI Number 59-3206742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**TRAYNHAM, JERRY G
315 BEARD ST
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

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]* 3/31/97

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	GRISSOM, MICHAEL	
STREET ADDRESS	2058 MISLETOE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311-9614	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLS, ROBERT D	
STREET ADDRESS	6509 OMAHA TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308-1727	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HINTON, DANIEL D	
STREET ADDRESS	6110 ASTORIA AVE.	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OWENS, JOHN T	
STREET ADDRESS	3232 CRANLEIGH DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308-2812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIGGS, JAMES R	
STREET ADDRESS	9443 LAKESHORE DR	
CITY-ST-ZIP	CLERMONT FL 34711-8646	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 supplementary 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]* 04-22-97

CR2E034 (9/96)