

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90298 010 \*\*\*150.00

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DOCUMENT # P93000046370

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

59-3206742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME GRISSOM, MICHAEL

STREET ADDRESS 2056 MISLETOE CT  
CITY-ST-ZIP TALLAHASSEE FL 32311-9614

TITLE VD ☐ DELETE

NAME MILLS, ROBERT D

STREET ADDRESS 6509 OMAHA TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32308-1727

TITLE SD ☐ DELETE

NAME HINTON, DANIEL D

STREET ADDRESS 6110 ASTORIA AVE.  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE TD ☐ DELETE

NAME OWENS, JOHN T

STREET ADDRESS 3232 CRANLEIGH DR  
CITY-ST-ZIP TALLAHASSEE FL 32308-2812

TITLE D ☒ DELETE

NAME BRIGGS, JAMES R

STREET ADDRESS 9443 LAKESHORE DR  
CITY-ST-ZIP CLERMONT FL 34711-8646

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Annette Grissom 4/27/99 850)681-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)