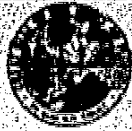


**SECURITY NOTICE: CORPORATION WILL BE SUBMITTED ON OR AFTER AUGUST 1, 1995. AMOUNT DUE FOR AN ANNUAL REPORT: \$225 (IF DOMESTIC FEE), \$250 (IF FOREIGN FEE), \$250 (IF FOREIGN FEE) PLUS ADDITIONAL FEES.**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

**DOCUMENT # P94000046950 (9)**

95 JUL 25 AM 8:59

1. Corporation Name

**EAT & RUN, INC.**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

PO BOX 2957  
SARASOTA FL 34230

PO BOX 2957  
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/23/1994

2. Principal Place of Business

2a. Mailing Address

21

25

Same

4. FEI Number

Applied For

65-0499721

Not Applicable

22. Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

851A Mecca Dr

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. City & State

City & State

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24. Zip

Country

Zip

Country

34234

Sarasota

29

Sarasota

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, PATRICIA R  
1627 VENETIAN DR  
KEY WEST FL 33040

P.O. Box 2957 NA  
Sarasota, FL 34230

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 next line if applicable)

(Date) (Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: WEBER, PATRICIA R  
STREET ADDRESS: ~~1627 VENETIAN DR~~ PO BOX 2957 NA  
CITY ST ZIP: ~~KEY WEST FL 33040~~ Sarasota, FL 34230

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Patricia R. Weber, President

6/25/95 (94) 359-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (typed here)

CR2E034 (3/95)