

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # S51249 (8)

1. Corporation Name:
FEASINOMICS, INC.

Principal Place of Business

Mailing Address

**XBXBXBXBXBX
XBXBX
XBXBXBXBXBX
XBX**

**XBXBXBXBX
XBXBX
XBXBXBXBXBX
XBX**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1991	3a. Date of Last Report 08/09/1994
4. FEI Number 65-0262544	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing First Level Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for filing the tax under 6.1091 (1)(b) Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 1044 Castello Drive	25. 1044 Castello Drive
State Apt. # etc.	State Apt. # etc.
22. Suite 103	27. Suite 103
City & State	City & State
23. Naples, FL 33940	28. Naples, FL 33940
Country	Country
24. 33940	29. 33940
25. USA	30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOND SCHOENECK & KING
1167 THIRD STREET S
NAPLES FL 33940**

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, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered agent located in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, and hereby accept the obligations of Section 607, Florida Statutes.

Signature of

Signature of Registered Agent or the Corporation

Signature of Registered Agent or the Corporation

Signature of

12. OFFICERS AND DIRECTORS		13. AGENTS FOR SERVICE OF PROCESS	
NAME	PD TIMMERMAN, MICHAEL J	NAME	Change ☐ Add ☐
STREET ADDRESS	511 CARCIA ROAD	STREET ADDRESS	
CITY	NAPLES FL	CITY	Change ☐ Add ☐
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	Change ☐ Add ☐
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	Change ☐ Add ☐
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	Change ☐ Add ☐
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	Change ☐ Add ☐
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	Change ☐ Add ☐
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	Change ☐ Add ☐
STATE		STATE	
ZIP CODE		ZIP CODE	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 28, 1995 941-6A-1446