

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11098 (3)

1. Corporation Name

SEBRING MAIN STREET, INC.



Principal Place of Business

Mailing Address

219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING FL 33871-8243219 NORTH RIDGEWOOD DRIVE
P.O. BOX 1243
SEBRING FL 33871-12433. Date Incorporated or Qualified
09/16/19853a. Date of Last Report
06/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 33871-1243

Country

29 Zip

Country

4. FEI Number
59-2626645Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOMMER, NICHOLAS G.
329 S. COMMERCE AVENUE
SEBRING FL 33870

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CROWDER, LINDA	
STREET ADDRESS	4027 WILSON AVENUE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDER, JOHN	
STREET ADDRESS	3750 US 27 NORTH	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, NANCY	
STREET ADDRESS	426 SCHOOL STR	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PELLA, PATRICIA S	
STREET ADDRESS	137 S. RIDGEWOOD DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROWDER, CRAIG	
STREET ADDRESS	228 N. RIDGEWOOD DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANDS, CHRISTINE	
STREET ADDRESS	901 US HWY 27 N, STE 68	
CITY-ST-ZIP	SEBRING FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2105 LK Josephine Drive
2.4 CITY-ST-ZIP	Sebring FL 33872
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	136 S. Ridgewood Dr
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	500002088085
6.3 STREET ADDRESS	-02/14/97--01033--017
6.4 CITY-ST-ZIP	***61.25

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Crowder Director 2/3/97 (941) 385-9437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054327

CR2E037 (9/96)

**Sebring Main Street, Inc.
1997 Annual Report
continued...**

Box 12.

Title	P/D
Name	John Clark
Street Address	327 SE Lakeview Dr
City-St-Zip	Sebring, FL 33870
Title	D
Name	Dave Sibrel
Street Address	233 N Ridgewood Dr
City-St-Zip	Sebring, FL 33870
Title	D
Name	Rex Kilgore
Street Address	901 US 27 North, Ste 43
City-St-Zip	Sebring, FL 33870
Title	D
Name	Rebecca Gillies
Street Address	441 US 27 North
City-St-Zip	Sebring, FL 33870
Title	D
Name	Kevin DiLallo
Street Address	P.O. Drawer 2066
City-St-Zip	Sebring, FL 33871-2066