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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90115 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000003769

1. Corporation Name  
**MAIN STREET ZEPHYRHILLS, INC.**

183413-90115-1 5

Principal Place of Business: 5224 7TH ST, ZEPHYRHILLS FL 33540, US  
 Mailing Address: P.O. BOX 6227, ZEPHYRHILLS FL 33540, US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/1993
22	City & State	27	City & State	4.	FEI Number
	Zip	28	Country		59-3192201
23	Country	29	Country	5.	Certificate of Status Desired
	Country	30	Country		<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	6.	Election Campaign Financing
	Country	30	Country		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COUNSELL, ROBIN 5224-7TH STREET. ZEPHYRHILLS FL 33540				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JIM CRACCHIOLO		1.2 NAME				
STREET ADDRESS	5425 GOLF LINKS BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MIKE WATERS		2.2 NAME	mike waters			
STREET ADDRESS	5435 GALL BLVD		2.3 STREET ADDRESS	5435 Gall Blvd			
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP	Zephyrhills, FL 33541			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LAURA CLARK		3.2 NAME	Christina Barnes			
STREET ADDRESS	POB 6228		3.3 STREET ADDRESS	38537 5th Avenue			
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		3.4 CITY-ST-ZIP	Zephyrhills, FL 33540			
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HENSON, SUSAN		4.2 NAME				
STREET ADDRESS	38203 HENRY DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOAN, DAN		5.2 NAME				
STREET ADDRESS	5915 GALL BLVD		5.3 STREET ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER, SUE L		6.2 NAME				
STREET ADDRESS	38430 5TH AVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		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 617, 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SIGNATURE REQUIRED** 1/30/99 813-788-9994

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Vice President/Director  
Jerry Sterner  
7050 Gall Blvd.  
Zephyrhills, FL 33540