

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **N95000004656 (3)**

1. Corporation Name

CRACKER MAIN STREET, INC.



Principal Place of Business

**209 S. SIXTH AVENUE
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 683
WAUCHULA FL 33873**

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **P.O. BOX 1162**

4. FEI Number

65-0625907

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 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

**BURTON, JOHN W. H ESQ.
501 W. MAIN STREET
WAUCHULA FL 33873**

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** ☐ DELETE
NAME **GOSSMAN, GARY**
STREET ADDRESS **509 ASCOT COURT**
CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE **VD** ☐ DELETE
NAME **CREWS, JERALDINE**
STREET ADDRESS **GRIFFEN ROAD**
CITY-ST-ZIP **WAUCHULA FL 33873**

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

TITLE **TD** ☐ DELETE
NAME **REVELL, ONEITA**
STREET ADDRESS **STENSTORM ROAD**
CITY-ST-ZIP **WAUCHULA FL 33873**

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

TITLE **SD** ☐ DELETE
NAME **ROBERTS, LAWRENCE**
STREET ADDRESS **1269 PINE COURT**
CITY-ST-ZIP **WAUCHULA FL 33873**

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

TITLE **D** ☐ DELETE
NAME **DELATORRE, GARY**
STREET ADDRESS **702 S. 6TH AVENUE**
CITY-ST-ZIP **WAUCHULA FL 33873**

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

TITLE **D** ☒ DELETE
NAME **BECKLEY, JIM**
STREET ADDRESS **RT. 1, BOX 132A**
CITY-ST-ZIP **ONA FL 33865**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY S. GOSSMAN PRESIDENT

2/18/96

(941) 773 6606

Daytime Phone #

CR2E037 (12/95)