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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
209 S. SIXTH AVENUE WAUCHULA FL 33873	P.O. BOX 1162 WAUCHULA FL 33873-1162 US

3. Date Incorporated or Qualified: 09/29/1995
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, Type 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	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GOSSMAN, GARY		1.2 NAME	
STREET ADDRESS	~~500 ASCOT COURT~~		1.3 STREET ADDRESS	8624 CR 17 SOUTH
CITY-ST-ZIP	SEBRING FL 33870		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CREWS, JERALDINE		2.2 NAME	
STREET ADDRESS	GRIFFEN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REVELL, ONEITA		3.2 NAME	
STREET ADDRESS	STENSTORM ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, LAWRENCE		4.2 NAME	
STREET ADDRESS	1269 PINE COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DELATORRE, GARY		5.2 NAME	
STREET ADDRESS	702 S. 6TH AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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. GARY S. GOSSMAN, PRESIDENT

SIGNATURE: Gary S. Gossman PRESIDENT 3/19/97 (941) 773-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0054486