FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500004656 (3)

CRACKER MAIN STREET, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			- 16873191 010 10101 00111 60111 40111 00611 03111 60111 11010 51101 011	\$ \$1		
209 S. SIXTH AVENUE WAUCHULA FL 33873	P.O. BOX 1162 WAUCHULA FL 33873 US			3. Date Incorporated or Qualified 09/29/1995 4. FEI Number	lied For		
					Applicable		
2. Principal Place of Business 21 411 W. ORANGE ST.	2a. Mailing Address 26			5. Certificate of Status Desired Service Fee Requirements			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F			
City & State 23 WAUCHULA, FL				7. Is this nonprofit corporation a homeowners association? Yes No			
Zip Country 24 33873 25	Zip 30	Country	′	8. This corporation owes or has paid the current year Intar Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name				
BURTON, JOHN W. H ESQ. 501 W. MAIN STREET		82	Street Address (P.O. Box Number is Not Acceptable)				
WAUCHULA FL 33873		83					
		84	City	FL 85 Zip Co	ode		
11 Durawant to the provisions of Sections 617 050	2 and 617 1508 Florida Statutes, the	ahov	e-named corn	pration submits this statement for the purpose of changing its	registered		

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	1.1 TITLE	TREASURER/D	Change	Addition					
NAME	GOSSMAN, GARY		1.2 NAME	· · · · · · · · · · · · · · · · · · ·							
STREET ADDRESS	8624 CR 17TH SOUTH		1.3 STREET ADDRESS								
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP								
TITLE	VD	☐ DELETE	2.1 TITLE	PRESIDENT/D	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			<u></u>					
TITLE	TD	☐ DELETE	3.1 TITLE	DIRECTUR	Change	Addition					
NAME	revell, oneita		3.2 NAME								
STREET ADDRESS	STENSTORM ROAD		3.3 STREET ADDRESS			j					
CITY-ST-ZIP	WAUCHULA FL 33873		3.4, CITY-ST-ZIP								
TITLE	SD	DELETE	4.1 TITLE	SECRETARY/D	☐ Change	Addition					
NAME	ROBERTS, LAWRENCE		4, 2 NAME	KATE RANDALL							
STREET ADDRESS	1269 PINE COURT		4.3 STREET ADDRESS	320 RIVERSIDE DR.							
CITY-ST-ZIP	WAUCHULA FL 33873		4.4 CITY - ST - ZIP	WAUCHULA, FL 33873							
TITLE	D	☐ DELETE	5.1 TITLE		Change	Addition					
NAME	DELATORRE, GARY		5.2 NAME								
STREET ADDRESS	702 S. 6TH AVENUE		5.3 STREET ADDRESS								
C/TY-ST-ZiP	WAUCHULA FL 33873		5.4 CITY - ST - ZIP								
TITLE		DELETE	6.1 TITLE	VP/D	Change	Addition					
NAME			6.2 NAME	MARY JONES							
STREET ADDRESS			6.3 STREET ADDRESS	568 POPASH RD,							

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.

SIGNATURE:

GARY SINGUISMAN RE

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