

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA 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 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-8243 | Mailing Address 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/16/1985 | 3a. Date of Last Report 06/17/1996 |
|--|--|

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. 33871-1243 | 29. 33871-1243 |
| 25. Country | 30. Country |

| | |
|---|--|
| 4. FEI Number 59-2626645 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| 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 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 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 | fj 2/13 |
| 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* Linda Crowder Director 2/3/97 (941) 385-9437

CFR2E037 (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