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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11098

1. Corporation Name
SEBRING MAIN STREET, INC.

Principal Place of Business 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243	Mailing Address 219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 09/16/1985	4. FEI Number 59-2626645 Applied For Not Applicable
25 Country	30 Country	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

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 FL 85 Zip Code
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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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDER, JOHN	1.2 NAME	Smith, Sandy
STREET ADDRESS	2105 LK JOSEPHINE DRIVE	1.3 STREET ADDRESS	426 School St.
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, NANCY	2.2 NAME	Henderson, Joel
STREET ADDRESS	426 SCHOOL STR	2.3 STREET ADDRESS	4023 Sun-n-Lake Blvd.
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLA, PATRICIA S	3.2 NAME	Ford-Smith, Betty
STREET ADDRESS	136 S. RIDGEWOOD DR.	3.3 STREET ADDRESS	3514 Kenilworth Blvd.
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring, FL33870
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWDER, CRAIG	4.2 NAME	Ostrowski, Dennis
STREET ADDRESS	228 N. RIDGEWOOD DR.	4.3 STREET ADDRESS	1002 S.E. Lakeview Dr.
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, JOHN	5.2 NAME	Blackman, Regina
STREET ADDRESS	327 SE LAKEVIEW DRIVE	5.3 STREET ADDRESS	2639 Chicago Ave.
CITY-ST-ZIP	SEBRING FL 33870	5.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMRIC, MIKE	6.2 NAME	Mechlen, Jeff
STREET ADDRESS	2824 US 27 SOUTH	6.3 STREET ADDRESS	P.O. Box 1028
CITY-ST-ZIP	SEBRING FL 33870	6.4 CITY-ST-ZIP	Avon Park, FL 33825

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, on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris **SIGNATURE REQUIRED** 1-19-99 941-382-2770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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1999 Annual Report

Sebring Main Street, Inc.

Additional Information:

Box 12: Officers and Directors

D Delete
Kilgore, Rex
901 US 27 N, Ste. 43
Sebring, FL 33872

D
Durrance, Isaac
P.O. Drawer 2066
Sebring, FL 33871-2066

D
Paedae, Ladonna
541 N. Ridgewood Dr.
Sebring, FL 33870

D
Scott, Sheila
368 S. Commerce Ave.
Sebring, FL 33870

Box 13: Additions/ Changes to Officers and Directors in 12

D Addition
Demeri, Rick
718 Fielder Blvd.
Sebring, FL 33870