


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90001 018 \*\*\*\*61.25

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|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N11098**

1. Corporation Name  
**SEBRING MAIN STREET, INC.**

244891 - 90001 - 18

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|--|--|
| Principal Place of Business<br>219 NORTH RIDGEWOOD DRIVE<br>P.O. BOX 1243<br>SEBRING FL 33871-1243 | Mailing Address<br>219 NORTH RIDGEWOOD DRIVE<br>P.O. BOX 1243<br>SEBRING FL 33871-1243 |
|--|--|



|  |   |   |  |
|--|---|---|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | 3. Date Incorporated or Qualified<br>09/16/1985   | 4. FEI Number<br>59-2626645<br>Applied For<br>Not Applicable   |
| 25<br>Country  | 30<br>Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br>SCHOMMER, NICHOLAS G.<br>329 S. COMMERCE AVENUE<br>SEBRING FL 33870 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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, 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, FL 33870   |
| 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 #

0058477 / 14100

244891-90001-18  
N11098

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