FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005148 (2)**

1. Corporation Name
SOUTH MAIN HOLDINGS, INC.

Principal Place of Business	Mailing Address
~~24715 FIVE MILE RD.~~ ~~REDFORD MI 48122~~	~~24715 FIVE MILE RD.~~ ~~REDFORD MI 48122~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2420 ENTERPRISE ROAD	26 2420 ENTERPRISE ROAD
22 Suite, Apt. #, etc. SUITE 105	27 Suite, Apt. #, etc. SUITE 105
23 City & State CLEARWATER FL	28 City & State CLEARWATER FL
24 Zip 34623 25 Country US	29 Zip 34623 30 Country US

4. FEI Number: NOT APPLICABLE ☐ 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	10. Name and Address of New Registered Agent
POSTON, WILLIAM 2420 ENTERPRISE RD. ~~SUITE 204~~ CLEARWATER FL 34623	81 Name: POSTON, WILLIAM G. 82 Street Address (P.O. Box Number is Not Acceptable): 2420 ENTERPRISE ROAD 83 SUTIE 105 84 City: CLEARWATER FL 85 Zip Code: 34623

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	CD	11 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, PATRICK J	12 NAME	
STREET ADDRESS	24715 FIVE MILE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	REDFORD MI 48122	14 CITY-ST-ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, EDWARD J	22 NAME	200001472132
STREET ADDRESS	24715 FIVE MILE RD.	23 STREET ADDRESS	-05/03/95--01005--005
CITY-ST-ZIP	REDFORD MI 48122	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	PVST	31 TITLE	XX ☐ Change ☐ Addition
NAME	POSTON, WILLIAM	32 NAME	
STREET ADDRESS	2420 ENTERPRISE RD., ~~#204~~	33 STREET ADDRESS	2420 ENTERPRISE ROAD SUITE 105
CITY-ST-ZIP	CLEARWATER FL 34623	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: P. O'Neill PATRICK J. O'NEILL 4/10/95 313-534-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480028 FP