FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000005901 (1) DOCUMENT

MAIN STREET CANDLERY, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							44111 4414 1 41114 141	
100 OHIO AVE. 100 OHIO AVE. WEST SPRINGFIELD MA 01089 WEST SPRINGFIELD MA 01089			01000			}		
MEG! STRINK	SPICED MK CIUGS	WEST SPRINGFIELD MA	WEST SPRINGFIELD MA 01089			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 11/13/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				04-3173862		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired		75 Additional e Required
City & State	City & State City & State					6. Election Campaign Financing	\$5.	00 May Be
23		28	<u> </u>			Trust Fund Contribution Added to Fees		
Zip	Country	- 7ιp	Country			8. This corporation owes or has paid		1
24	25	29	30	80		Personal Property Tax due June 30		_ No
	9, Name and Address of Currer	it Registered Agent		B1	Name	10. Name and Address of New Regin	stered Agent	
	PELAND, BARBARA N		["	INCHIE			
) N. ATLANTIC AVE., SUITE 5-B ICQA BEACH FL 32931		82 Street Addre			ss (P.O. Box Number is Not Acceptable)	
			[*	B3				
			1		City		FL.	Zip Code
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								
Signature: types or protect same of regelered agent and blied applicable (NOTE Rec					agnature required	d when reinstating)	DATE	
12.	OFFICERS AN	D DIRI CTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	WITMER, MARY ANN		1.1 TITU 1.2 NAM				L Char	nge L Addition
NAME	400 OUIO AVE							
STREET ADDRESS	WEST SOOMSELD NA 01000				DDRESS			
CITY-ST-ZIP	CID DELETE			1.4 CITY - ST - ZIP 2.1 YITLE			Char	nge Addition
NAME	WITMER, JAMES		2.2 NAME					
STREET ADDRESS	100 OHIO AVE.			2 3 STREET ADDRESS				
CITY-ST-ZIP	WEST SPRINGFIELD MA 010	89	2 4 01					
TITLE	DELETE			3.1 TITLE			☐ Char	nge Addition
NAME			3.2 NAM	3.2 NAME				
STREET ADDRESS			3.3 STR	ET A	DDRESS			İ
CITY-ST-ZIP			3.4 CIT	Y-ST	-ZIP			
TITLE	☐] DELETE 4		4.1 TITU	.E			Char	ge Addition
NAME			4. 2 NA	ME				ļ
STREET ADDRESS			4.3 STR	EE1 A	DORESS			
CITY-ST-ZIP			4.4 C(T)		ZIP			
TITLE			5.1 TITL				∟ Char	nge Addition
NAME			5.2 NAM					
STREET ADDRESS			•		DDRESS			}
CITY-ST-ZIP		Doute	5.4 (11)		ZIP			nge Addition
TITLE		L_) DELETE	6.1 1111				L Char	iRe T VADIDOU
NAME			6.2 NAM		DDD100			
STREET ADDRESS					DDRESS .			ļ
CITY-ST-ZIP	portify that the information compliced w	ith this filing doos not qualify t	8.4 CITY			action 119.07/3\(\text{i}) Florida Statutes fur	rthor portify that	the information

Indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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 on an attachment with an applices.