

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K42162 (3)

1. Corporation Name

MAIN STREET COMPUTER COMPANY

Principal Place of Business

Mailing Address

DAVID A. STEVES
1800 SECOND ST. SUITE 735
SARASOTA FL 34236

DAVID A. STEVES
1800 SECOND ST. SUITE 735
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0096224

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

2. Principal Place of Business

21 1611 NORTH GATE BL

2a. Mailing Address

26 1611 NORTH GATE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34234

Country

25 USA

Zip

29 34234

Country

30 USA

9. Name and Address of Current Registered Agent

STEVES, DAVID A.
1800 SECOND ST.
SUITE 735
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

NONE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Pres

N/A

5-24-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, C. ROGER
STREET ADDRESS	4704 64TH DRIVE W.
CITY, ST, ZIP	BRADENTON FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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)(b), 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 the 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 address.

SIGNATURE:

[Signature] Pres
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

5-25-95
Date

813 359 3343
941
Telephone Number