

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N11098 (3)**

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



Principal Place of Business <b>219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-8243</b>	Mailing Address <b>219 NORTH RIDGEWOOD DRIVE P.O. BOX 1243 SEBRING FL 33871-1243</b>
---	---

3. Date Incorporated or Qualified <b>09/16/1985</b>	3a. Date of Last Report <b>06/17/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. <b>33871-1243</b>	29. <b>33871-1243</b>
25. Country	30. Country

4. FEI Number <b>59-2626645</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>CROWDER, LINDA</b>	
STREET ADDRESS	<b>4027 WILSON AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MEDER, JOHN</b>	
STREET ADDRESS	<b>3750 US 27 NORTH</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HOWARD, NANCY</b>	
STREET ADDRESS	<b>426 SCHOOL STR</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>PELLA, PATRICIA S</b>	
STREET ADDRESS	<b>137 S. RIDGEWOOD DR.</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CROWDER, CRAIG</b>	
STREET ADDRESS	<b>228 N. RIDGEWOOD DR.</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>HANDS, CHRISTINE</b>	
STREET ADDRESS	<b>901 US HWY 27 N, STE 68</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2105 LK Josephine Drive</b>
2.4 CITY-ST-ZIP	<b>Sebring FL 33872</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S/D</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>136 S. Ridgewood Dr</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>fj 2/13</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>500002088085</b>
6.3 STREET ADDRESS	<b>-02/14/97--01033--017</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do 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, or on an attachment with an address.

SIGNATURE: *Linda Crowder* Linda Crowder Director 2/3/97 (941) 385-9437

CFR2E037 (9/96)

**Sebring Main Street, Inc.  
1997 Annual Report  
continued...**

**Box 12.**

**Title** P/D  
**Name** John Clark  
**Street Address** 327 SE Lakeview Dr  
**City-St-Zip** Sebring, FL 33870

**Title** D  
**Name** Dave Sibrel  
**Street Address** 233 N Ridgewood Dr  
**City-St-Zip** Sebring, FL 33870

**Title** D  
**Name** Rex Kilgore  
**Street Address** 901 US 27 North, Ste 43  
**City-St-Zip** Sebring, FL 33870

**Title** D  
**Name** Rebecca Gillies  
**Street Address** 441 US 27 North  
**City-St-Zip** Sebring, FL 33870

**Title** D  
**Name** Kevin DiLallo  
**Street Address** P.O. Drawer 2066  
**City-St-Zip** Sebring, FL 33871-2066