FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:34

DOCUMENT # **N14337** **(2)**

1. Corporation Name
DOWNTOWN DADE CITY MAIN STREET, INC.

Principal Place of Business	Mailing Address
~~114 S. 6TH ST.~~ DADE CITY FL 33525 US	P.O. BOX 908 DADE CITY FL 33526-0908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1986
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2807560 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 *14138 6th Street*	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, LEONARD
~~301 E MERIDIAN AVE #314~~
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) *37837 Meridian Avenue, Suite 314*
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 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	TD	11 TITLE		☒ Change ☐ Addition
NAME	KENDRICK, BILL	12 NAME		
STREET ADDRESS	~~303 S. 8TH ST.~~	13 STREET ADDRESS	*37925 Church Avenue*	
CITY-ST-ZIP	DADE CITY FL 33525	14 CITY-ST-ZIP		
TITLE	~~SD~~	21 TITLE	*D*	☒ Change ☐ Addition
NAME	BROCK, PETE	22 NAME		
STREET ADDRESS	~~307 N. ANDERSON DR.~~	23 STREET ADDRESS	*14319 Anderson Drive*	
CITY-ST-ZIP	DADE CITY FL 33525	24 CITY-ST-ZIP		
TITLE	~~VD~~	31 TITLE	*D*	☒ Change ☐ Addition
NAME	MEADE, BOB	32 NAME		
STREET ADDRESS	~~311 W. CHURCH AVE.~~	33 STREET ADDRESS	*37547 Church Avenue*	
CITY-ST-ZIP	DADE CITY FL	34 CITY-ST-ZIP		
TITLE	~~D~~	41 TITLE	*D*	☒ Change ☐ Addition
NAME	~~ALTMAN, ALLEN~~	42 NAME	*MIZE, Gerri*	
STREET ADDRESS	~~2220 CLINTON AVE CT~~	43 STREET ADDRESS	*11704 Hwy 301*	
CITY-ST-ZIP	~~DADE CITY FL~~	44 CITY-ST-ZIP	*Dade City, FL 33525*	
TITLE	PD	51 TITLE		☒ Change ☐ Addition
NAME	BROWNING, KURT	52 NAME		
STREET ADDRESS	~~108 WILLINGHAM AVE.~~	53 STREET ADDRESS	*37812 Willingham Avenue*	
CITY-ST-ZIP	DADE CITY FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MCNALLY, ED	62 NAME		
STREET ADDRESS	38314 CENTENNIAL RD	63 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525	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)(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: _____ 3-27-95 (704)567-2287
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Bill Kendrick