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 APR -5 PM 3:14

DOCUMENT # N23795 (0)

1. Corporation Name
MAIN STREET FORT PIERCE, INC.

Principal Place of Business	Mailing Address
131 NORTH 2ND ST., SUITE 211 FT PIERCE FL 34950	131 NORTH 2ND ST., SUITE 211 FT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1987
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2879654 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	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
ULLMAN, DORIS 131 N 2ND ST SUITE 211 FORT PIERCE FL 34950	81 Name 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 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	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	CLEVELAND, DAVID	1.2 NAME	Brown, Michael	
STREET ADDRESS	4098 MCCARTY ROAD	1.3 STREET ADDRESS	100 S. 2nd Street	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, Fl 34950	
TITLE	VD	2.1 TITLE	VD	XX Change ☐ Addition
NAME	BROWN, MICHAEL	2.2 NAME	Rasmussen, Kristen	
STREET ADDRESS	100 S. 2ND ST.	2.3 STREET ADDRESS	100 S. 2nd Street	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, Fl 34950	
TITLE	TD	3.1 TITLE	TD	XX Change ☐ Addition
NAME	THOMPKINS, SUE	3.2 NAME	Tompkins, Sue	
STREET ADDRESS	6300 N. A1A	3.3 STREET ADDRESS	6300 N A1A	
CITY-ST-ZIP	VERO BCH. FL	3.4 CITY-ST-ZIP	Vero Beach, Fl 32963	
TITLE		4.1 TITLE	SD	☐ Change XX Addition
NAME		4.2 NAME	Ingle, Nancy	
STREET ADDRESS		4.3 STREET ADDRESS	P O Box 1480 N/A	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Pierce, Fl 34954	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Sue Tompkins Sue Tompkins 2/28/95 407-770-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000075