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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 12/09/1987

4. FEI Number: 59-2879654 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TILLMAN, DORIS
131 N 2ND ST
SUITE 211
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

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 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 Doris D. Tillman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	RASMUSSEN, KRISTEN		1.2 NAME	Tom Richards	
STREET ADDRESS	100 S. 2ND STREET		1.3 STREET ADDRESS	PO Box 3191 NA	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	Ft. Pierce, FL 34948	
TITLE	PD	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	BROWN, MICHAEL		2.2 NAME	Sydney Liebman	
STREET ADDRESS	100 S. 2ND ST.		2.3 STREET ADDRESS	100 Ave A, B-1	
CITY-ST-ZIP	FORT PIERCE FL		2.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	TD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	TOMPKINS, SUE		3.2 NAME	Pat Alley	
STREET ADDRESS	6300 N. A1A		3.3 STREET ADDRESS	2211 Okeechobee Road	
CITY-ST-ZIP	VERO BCH. FL		3.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	SD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	INGLE, NANCY		4.2 NAME	Jim Fitzgerald	
STREET ADDRESS	PO BOX 1480 N/A		4.3 STREET ADDRESS	2211 Okeechobee Road	
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP	Ft. Pierce FL 34950	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Pat Alley		5.2 NAME		
STREET ADDRESS	2211 Okeechobee Rd.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Pierce, FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Jim Fitzgerald		6.2 NAME		
STREET ADDRESS	2211 Okeechobee Rd.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Pierce FL 34950		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Sydney Liebman 1-20-98 561-406-3880