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FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24188 (7)

1. Corporation Name

MAIN STREET QUINCY, INC.

Principal Place of Business

110 E WASHINGTON ST
QUINCY FL 32351

Mailing Address

110 E WASHINGTON ST
QUINCY FL 32351-24153. Date Incorporated or Qualified
12/31/19873a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 112 East Washington St.

Suite, Apt. #, etc.

2a. Mailing Address

26 112 East Washington St.

Suite, Apt. #, etc.

22 City & State

23 Quincy, FL

24 Zip 32351

Country

25 USA

27 City & State

28 Quincy, FL

29 Zip 32351

Country

30 USA

4. FEI Number

59-2805647

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

ERDMAN, JENNIFER
110 E WASHINGTON STR
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name Jennifer Erdman - Bridges

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

112 East Washington St

83

84 City

Quincy

FL

85 Zip Code

32351

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

Jennifer Erdman - Bridges

J.E. Erdman - Bridges

1-28-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DICHESON, SUELLEN	
STREET ADDRESS	3 N. MADISON ST.	
CITY - ST - ZIP	QUINCY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROLLINS, LAUREN	
STREET ADDRESS	4 E. WASHINGTON ST.	
CITY - ST - ZIP	QUINCY FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LITTLE, ALMA B DR.	
STREET ADDRESS	21 N. LOVE STREET	
CITY - ST - ZIP	QUINCY FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	SHERMAN, MICHAEL	
STREET ADDRESS	9 E. JEFFERSON STREET	
CITY - ST - ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLAY, JOANN	
STREET ADDRESS	16 A E. WASHINGTON ST.	
CITY - ST - ZIP	QUINCY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEACOCK, JACK	
STREET ADDRESS	1640 W JEFFERSON STR	
CITY - ST - ZIP	QUINCY FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Suellen Dickeson	
1.3 STREET ADDRESS	3 N. Madison St.	
1.4 CITY - ST - ZIP	Quincy, FL 32351	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Laura Rollins	
2.3 STREET ADDRESS	4 East Washington St.	
2.4 CITY - ST - ZIP	Quincy, FL 32351	
3.1 TITLE	Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Sherman	
3.3 STREET ADDRESS	9 E. Jefferson St.	
3.4 CITY - ST - ZIP	Quincy, FL 32351	
4.1 TITLE	Vice Chairperson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kenneth Echternacht	
4.3 STREET ADDRESS	14 E. Washington St.	
4.4 CITY - ST - ZIP	Quincy, FL 32351	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jack Peacock	
6.3 STREET ADDRESS	1640 W. Jefferson St.	
6.4 CITY - ST - ZIP	Quincy, FL 32351	

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:

Laura Rollins

1/28/97 627-2346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0000151

CR2E037 (9/96)