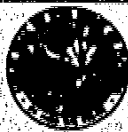


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44434 (1)

1. Corporation Name

MAIN STREET OF WINTER GARDEN, INC.

**APPROVED
AND
FILED**

95 APR 26 PM 12:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**100 W. PLANT ST.
WINTER GARDEN FL 34787
US**

Mailing Address

**P. O. BOX 770475
WINTER GARDEN FL 34777-0475
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3077610

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WRIGHT, LYNN WALKER
886 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEARS, RAY
STREET ADDRESS	326 S. DILLARD ST.
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	SD
NAME	WRIGHT, LYNN WALTER
STREET ADDRESS	886 S. DILLARD STREET
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	TD
NAME	SINES, HENRY
STREET ADDRESS	800 S. DILLARD ST.
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D
NAME	YOUNGBLOOD, GARY
STREET ADDRESS	P. O. BOX 246 N/A
CITY-ST-ZIP	OCFEE FL
TITLE	D
NAME	ELLIS, ANN
STREET ADDRESS	38 W. PLANT ST.
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D
NAME	LEWIS, PAUL
STREET ADDRESS	8 N. HIGHLAND AVE.
CITY-ST-ZIP	WINTER GARDEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	VALDES, ALBERT	
1.3 STREET ADDRESS	255 TEMPLE GROVE DR.	
1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	CROSS, PHILLIP	
2.3 STREET ADDRESS	440 N. LAKEVIEW DR.	
2.4 CITY-ST-ZIP	WINTER GARDEN FL	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	CAMPBELL, WILLI	
3.3 STREET ADDRESS	800 S. DILLARD ST.	
3.4 CITY-ST-ZIP	WINTER GARDEN FL	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	CASE, FREDERICK	
4.3 STREET ADDRESS	314 VALENCIA SHORES DR.	
4.4 CITY-ST-ZIP	WINTER GARDEN FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SMITH, SHIRLEY	☒ Change ☐ Addition
6.2 NAME	750 HIGHWAY 50	
6.3 STREET ADDRESS	WINTER GARDEN, FL	
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 110.07(3)(4), 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT VALDES, PRESIDENT

4/19/95

907/686-2331

(Daytime) Phone