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

APPROVED AND FILED
'95 APR 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44434 (1)

1. Corporation Name
MAIN STREET OF WINTER GARDEN, INC.

Principal Place of Business	Mailing Address
100 W. PLANT ST. WINTER GARDEN FL 34787 US	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	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

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

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	☑ Change ☐ Addition
NAME	SPEARS, RAY	1.2 NAME	VALDES, ALBERT	
STREET ADDRESS	326 S. DILLARD ST.	1.3 STREET ADDRESS	255 TEMPLE GROVE DR.	
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	SD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	WRIGHT, LYNN WALTER	2.2 NAME	CROSS, PHILLIP	
STREET ADDRESS	886 S. DILLARD STREET	2.3 STREET ADDRESS	410 N. LAKEWOOD DR.	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	SINES, HENRY	3.2 NAME	CAMPBELL, WILL	
STREET ADDRESS	800 S. DILLARD ST.	3.3 STREET ADDRESS	800 S. DILLARD ST.	
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	YOUNGBLOOD, GARY	4.2 NAME	CASE, FREDERICK	
STREET ADDRESS	P. O. BOX 246 N/A	4.3 STREET ADDRESS	314 VALENCIA SHORES DR.	
CITY-ST-ZIP	OCOEE FL	4.4 CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ELLIS, ANN	5.2 NAME		
STREET ADDRESS	38 W. PLANT ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	SMITH, SHIRLEY	☑ Change ☐ Addition
NAME	LEWIS, PAUL	6.2 NAME		
STREET ADDRESS	8 N. HIGHLAND AVE.	6.3 STREET ADDRESS	750 HIGHWAY 50	
CITY-ST-ZIP	WINTER GARDEN FL	6.4 CITY-ST-ZIP	WINTERGARDEN, FL	

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: _____ 4/12/95 (Date) 407/656-2331 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERT VALDES, PRESIDENT