

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90012 013 \*\*\*\*61.25

0009360

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N50027**

1. Corporation Name

**MAIN STREET PERRY, INC.**

Principal Place of Business

229 N. JEFFERSON ST.  
PERRY FL 32347  
US

Mailing Address

PO BOX 2002  
PERRY FL 32348  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/17/1992

4. FEI Number

59-3142872

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

9. Name and Address of Current Registered Agent

**SHEFFIELD, VIVIAN W.**  
**1027 N. JEFFERSON ST.**  
**PERRY FL 32347**

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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **OLSON, CLAY**  
CITY-ST-ZIP **203 FOREST PARK DR**  
**PERRY FL**

TITLE ☒ DELETE  
NAME **TD**  
STREET ADDRESS **FIFE, JEAN**  
CITY-ST-ZIP **P.O. BOX 211 N/A**  
**PERRY FL**

TITLE ☒ DELETE  
NAME **SD**  
STREET ADDRESS **HUXFORD, WYNETTE**  
CITY-ST-ZIP **102 EAST MAIN STREET**  
**PERRY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **VPD**  
1.3 STREET ADDRESS **Olson, Clay**  
1.4 CITY-ST-ZIP **203 Forest Park Dr.**  
**Perry, Fla. 32347**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VD**  
2.3 STREET ADDRESS **Bill Williams**  
2.4 CITY-ST-ZIP **310 Glenridge**  
**Perry, Fla. 32347**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **SD**  
3.3 STREET ADDRESS **Ellen Theis**  
3.4 CITY-ST-ZIP **203 Crestbrook**  
**Perry, Fla. 32347**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **TD**  
4.3 STREET ADDRESS **Wynette Huxford**  
4.4 CITY-ST-ZIP **102 E. Main St.**  
**Perry Fla. 32347**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** Clay Olson - Pres. 4-23-99 850-838-3508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)