

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003129 (4)

1. Corporation Name

EUSTIS MAIN STREET, INC.



Principal Place of Business

Mailing Address

**32 EAST MAGNOLIA
SUITE 2
EUSTIS FL 32726
US**

**POST OFFICE BOX 164
EUSTIS FL 32727-0164
US**

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TALLY, LOU
3900 LAKE CENTER DRIVE
SUITE A-4
MOUNT DORA FL 32757**

81 Name

Lawrence J. Semento

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

531 North Bay Street

83

84 City

Eustis

FL

85 Zip Code

32726

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, for 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 **Lawrence J. Semento**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

April 8, 1996

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, MICHAEL R SR.	
STREET ADDRESS	227 S. CENTER STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TALLY, LOU	
STREET ADDRESS	3900 LAKE CENTER DRIVE, SUITE A-4	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WEISS, DAVID L	
STREET ADDRESS	220 EASTRIDGE DRIVE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JONI HUDSON	
STREET ADDRESS	210 N EUSTIS STREET	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEARMAN, MICHAEL G.	
STREET ADDRESS	10 NORTH GROVE STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, ROY	
STREET ADDRESS	106 E MAGNOLIA AVENUE	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joni Hudson Smith	
1.3 STREET ADDRESS	210 N. Eustis St., P.O. Box B	
1.4 CITY-ST-ZIP	Eustis, FL 32727	
2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lawrence J. Semento	
2.3 STREET ADDRESS	531 North Bay Street	
2.4 CITY-ST-ZIP	Eustis, FL 32726	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jack Prickett	
4.3 STREET ADDRESS	P.O. Box 1599	
4.4 CITY-ST-ZIP	Eustis, FL 32727-1599	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chris Aaron	
6.3 STREET ADDRESS	11 North Eustis Street	
6.4 CITY-ST-ZIP	Eustis, FL 32726	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lawrence J. Semento, Secretary

Date

April 8, 1996 352-357-0720

Daytime Phone #

CR2E037 (12/95)