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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3192988

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEMENTO, LAWRENCE J.
531 NORTH BAY STREET
~~SUITE A-1~~
EUSTIS FL 32726**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH JONI HUDSON	
STREET ADDRESS	210 N EUSTIS ST PO BOX B	
CITY- ST- ZIP	EUSTIS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SEMENTO, LAWRENCE J.	
STREET ADDRESS	531 NORTH BAY STREET	
CITY- ST- ZIP	EUSTIS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, DAVID L	
STREET ADDRESS	220 EASTRIDGE DRIVE	
CITY- ST- ZIP	MOUNT DORA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PRICKETT, JACK	
STREET ADDRESS	PO BOX 1599 NA	
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 type="checkbox"/> DELETE
NAME	AARON, CHRIS	
STREET ADDRESS	1 NORTH EUSTIS STREET	
CITY- ST- ZIP	EUSTIS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DT PAUL, RICHARD
3.3 STREET ADDRESS	429 E. MAGNOLIA AV.
3.4 CITY- ST- ZIP	EUSTIS, FL. 32726
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013701

CR2E037 (9/96)