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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90061 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003129

1. Corporation Name

EUSTIS MAIN STREET, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	07/06/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3192988
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

**SEMENTO, LAWRENCE J.
531 NORTH BAY STREET
SUITE A-4
EUSTIS FL 32726**

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.

(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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMENTO, LAWRENCE J.	1.2 NAME	
STREET ADDRESS	531 NORTH BAY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, RICHARD	2.2 NAME	
STREET ADDRESS	429 EAST MAGNOLIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICKETT, JACK	3.2 NAME	
STREET ADDRESS	PO BOX 1599 NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARMAN, MICHAEL G.	4.2 NAME	
STREET ADDRESS	10 NORTH GROVE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (352) 357-3141

DOC#1

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EUSTIS MAIN STREET, INC.
32 EAST MAGNOLIA AVENUE
SUITE 2
EUSTIS, FL 32726

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FLORIDA DEPARTMENT OF STATE
1999

SCHEDULE OF OFFICERS AND DIRECTORS

SCHEDULE CONTINUED FROM FORM:

D
ROBERT FURNAS
COLONIAL BANK
2803 S. BAY STREET
EUSTIS, FL 32726

D
GWEN IONONE
FIRST UNION NATIONAL BANK
21 N. GROVE STREET
EUSTIS, FL 32726

D
PRESTON JONES
24 E. MAGNOLIA AVENUE
EUSTIS, FL 32726

D
LILA MABRY
1030 S. GROVE STREET
EUSTIS, FL 32726

DS
SANDY BATON
25 E. MAGNOLIA AVENUE
EUSTIS, FL 32726

D
DANNY MCMANUS
LAKE EUSTIS MARINA
350 LAKESHORE DRIVE
EUSTIS, FL 32726

D
BONNIE PALMER
FLORIDA HOSPITAL WATERMAN
P.O. BOX B
EUSTIS, FL 32727

D
CHRIS THORPE
1500 S. CENTER STREET
EUSTIS, FL 32726

D
PAULINE YOWLER
216 MAGNOLIA CIRCLE
EUSTIS, FL 32726

D
CRAIG BENCZ
P.O. DRAWER 68
EUSTIS, FL 32726