

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N93000004150 (9)**

1. Corporation Name

SANFORD MAIN STREET, INC.

'95 APR 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

101 W FIRST ST
SUITE D
SANFORD FL 32771
US

101 W FIRST ST
SUITE D
SANFORD FL 32771
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/08/1993** 3a. Date of Last Report **06/15/1994**

4. FEI Number **59-3191854** Applied For Not Applicable

2. Principal Place of Business
21 **101 W. First St.**

2a. Mailing Address
26 **PO Box 1741**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc.
22 **Suite D**

Suite, Apt. #, etc.
27

6. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
23 **Sanford, FL**

City & State
28 **Sanford, FL**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75** Supplemental Fee Not Required

Zip
24 **32771** Country
25 **US**

Zip
29 **32772-1741** Country
30 **US**

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

CRANIAS, CHRIS
101 W. 1ST ST.
SUITE D
SANFORD FL 32771

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
101 W. 1st. St.
83 **Suite D**
84 City **Sanford** 85 State **FL** 86 Zip Code **32771**

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

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

(NOTE: Registered Agent signature required when modifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
P	CRANIAS, CHRIS	101 W. 1ST ST., SUITE D	SANFORD FL
V	MADORE, GIL	205 E. 1ST ST.	SANFORD FL
T	SCURES, MICHAEL	201 N. PARK AVE.	SANFORD FL
D	BARTHOLOMEW, KAY	179 HERON BAY CIRCLE	LAKE MARY FL
D	ROWE, CHARLES	P. O. BOX 1788 N/A	SANFORD FL
D	MOORE, LE	2458 MELLONVILLE AVE.	SANFORD FL

1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY - ST - ZIP	Change	Addition
P	Chris Cranias	112 E. 1st. St.	Sanford, FL 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Barwick, Bill	1780 W. Airport Blvd.	Sanford, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 1 TITLE	3 2 NAME	3 3 STREET ADDRESS	3 4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4 1 TITLE	4 2 NAME	4 3 STREET ADDRESS	4 4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 1 TITLE	5 2 NAME	5 3 STREET ADDRESS	5 4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 1 TITLE	6 2 NAME	6 3 STREET ADDRESS	6 4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this report 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95 930-1550