

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 # N93000004150 (9)

1. Corporation Name

SANFORD MAIN STREET, INC.



Principal Place of Business	Mailing Address
101 W FIRST ST STE B SANFORD FL 32771 US	101 W FIRST ST STE B SANFORD FL 32771 US

3. Date Incorporated or Qualified 09/08/1993	3a. Date of Last Report 04/17/1995
4. FEI Number 59-3191854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent

CRANIAS, CHRIS
112 EAST FIRST STREET
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name **Bill Barwick**
82 Street Address (P.O. Box Number is Not Acceptable)
1780 W. Airport Blvd.
83
84 City **Sanford** FL 85 Zip Code **32771**

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 *Bill Barwick* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRANIAS, CHRIS	
STREET ADDRESS	112 E. 1ST. STREET	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARWICK, BILL	
STREET ADDRESS	101 WEST FIRST STREET, SUITE B	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DYCUS, JAMES R	
STREET ADDRESS	101 WEST FIRST STREET, SUITE B	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOUGHERTY, JANET R	
STREET ADDRESS	101 WEST FIRST STREET, SUITE B	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMSON, BRENT	
STREET ADDRESS	401 W. 13TH STREET	
CITY-ST-ZIP	SANFORD FL 32772-1788	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRACE, KEVIN	
STREET ADDRESS	1101 E. FIRST STREET	
CITY-ST-ZIP	SANFORD FL 32771	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Barwick	
1.3 STREET ADDRESS	1780 W. Airport Blvd.	
1.4 CITY-ST-ZIP	Sanford, FL 32771	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Skat	
2.3 STREET ADDRESS	116 Magnolia Ave.	
2.4 CITY-ST-ZIP	Sanford, FL 32771	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James E Dycus	
3.3 STREET ADDRESS	101 W. First St., Suite B	
3.4 CITY-ST-ZIP	Sanford, FL 32771	
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 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: *Bill Barwick* DATE: 407/322-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #