FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:15

DOCUMENT # **N94000006196 (9)**

1. Corporate Name

MAIN STREET PROPERTY OWNERS & MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
316 MAIN STREET DAYTONA BEACH FL 32118	316 MAIN STREET DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**
3a. Date of Last Report:
4. FEI Number: 59-3292155 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. [illegible] ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt # etc. 22	Suite Apt # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 [illegible] (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 [illegible] (If changing Registered Agent, this must be signed by the new Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	P D	11 TITLE	☐ Change ☐ Addition
NAME	CARVAGNO, SEBASTIAN B	12 NAME	
STREET ADDRESS	316 MAIN STREET	13 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL 32118	14 CITY ST ZIP	
TITLE	VP "D"	21 TITLE	☐ Change ☐ Addition
NAME	STEVEN G BAKER	22 NAME	
STREET ADDRESS	133 MAIN STREET	23 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH, FL 32118	24 CITY ST ZIP	
TITLE	D"	31 TITLE	☐ Change ☐ Addition
NAME	THOMAS SCIANNA BLD	32 NAME	
STREET ADDRESS	405-407 MAIN STREET	33 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH, FL 32118	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000020