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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

570114 - 90003 - 18 4 *

DOCUMENT # N95000002261

1. Corporation Name
ORMOND MAIN STREET, INC.

Principal Place of Business	Mailing Address
22 S BEACH ST ORMOND BEACH FL 32174 US	P.O. BOX 2917 ORMOND BEACH FL 32175-2917

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/08/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3311218 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANCE, MAUREEN 22 S. BEACH ST ORMOND BEACH FL 32174	81 Name: LORI M GILLOOLY 82 Street Address (P.O. Box Number is Not Acceptable): 343 TIMBERLINE TRAIL 83 84 City: ORMOND BEACH FL 85 Zip Code: 32174

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	MILLER, BILL		1.2 NAME		
STREET ADDRESS	175 E GRANADA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	KNAEBEL, MIKE		2.2 NAME		
STREET ADDRESS	142 E GRANADA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	VTD	☒ Change ☐ Addition
NAME	FERGUSON, JOHN		3.2 NAME		
STREET ADDRESS	150 MAGNOLIA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		3.4 CITY-ST-ZIP		
TITLE	SM	☒ DELETE	4.1 TITLE	CD	☐ Change ☒ Addition
NAME	FRANCE, MAUREEN		4.2 NAME	ABBOTT, TOM	
STREET ADDRESS	22 S BEACH ST		4.3 STREET ADDRESS	171 E GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.4 CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X SIGNATURE REQUIRED 4/29/99 904-672-9803
1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #