

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 08/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90012 002 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000004551**

1. Corporation Name

**MAINSTREET HAMILTON COUNTY, INC.**

Principal Place of Business

P.O. BOX 1930  
JASPER FL 32052

Mailing Address

P.O. BOX 1930  
JASPER FL 32052



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

**P.O. Box 1930**

Suite, Apt. #, etc.

27

City & State

28

**JASPER**

Zip

29

**32052**

Country

30

**HAMILTON**

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

**53-8534429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**FENNELL, WILLIAM C  
201 WEST HATLEY STREET  
JASPER FL 32052**

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

**32053**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FENNELL, WILLIAM C	
STREET ADDRESS	P.O. BOX 1574	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HERRICK, BOB	
STREET ADDRESS	108 8TH STREET SW	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FENNELL, SUSAN	
STREET ADDRESS	P.O. BOX 1574	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, KEN M	
STREET ADDRESS	P.O. BOX 1689	
CITY-ST-ZIP	JASPER FL 32052	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Douglas J. Lang</b>	
1.3 STREET ADDRESS	<b>2039 HAMILTON AVE</b>	
1.4 CITY-ST-ZIP	<b>JENNINGS 32053</b>	
2.1 TITLE	<b>V. PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>William R. Greene</b>	
2.3 STREET ADDRESS	<b>P.O. Box 1555</b>	
2.4 CITY-ST-ZIP	<b>JASPER, FL 32052</b>	
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JANE HARRIS</b>	
3.3 STREET ADDRESS	<b>1356 Plum St</b>	
3.4 CITY-ST-ZIP	<b>JENNINGS, FL 32053</b>	
4.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Joyce Cochran Miller</b>	
4.3 STREET ADDRESS	<b>7656 Old Hwy 1295</b>	
4.4 CITY-ST-ZIP	<b>JASPER, FL 32052</b>	
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 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]* 7/13/99 904 792 3970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)