## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000017908 (1)

MAINS, INC. FOR THE EMERALD COAST

Principal Place of Business
603 CONE COVE

Mailing Address

## **FILED** Feb 11 1997 8:00am Secretary of State



Suite, Apt. #, etc.  22	603 CONE COV NICEVILLE FL 3			603 CONE COVE NICEVILLE FL 32578										
2. Pipper part Page of Budgers   2. Meaning Agrees   2. Meaning Agrees   2. Meaning Agrees   3. Meaning										l '			eport	
Suit, Apt #, etc.   2   2   2   2   2   2   2   2   2	2. Principal Pi	11 /	P	2a.	Mailing Address	7	1					<del></del>	plied For	
Suit, Apt #, etc.   2   2   2   2   2   2   2   2   2	21 603		26	26 603 tine Cone Cove					59-3301356		No	t Applicable		
22											<u></u>	\$8.75	Additional	
29	22									5. Certificate of Status Desired		Fee Re	equired	
Zep   Country   Zep   Country   Zep   Sep   30   Sep   Sep   Name and Address of Current Registered Apent   Sep   Name and Address of Current Registered Apent   Sep   Name and Address of Current Registered Apent   Sep   Name and Address of New Registered Apent   Sep   Name and Address of Name an	City & State	e	28	<b>├</b> ¬ '										
25		Co	Duritry		Z <sub>1</sub> p Cou				8. This corporation has liability for intangible tax under s. 1				. 199.032.	
MURRAY, ALICE H 102 BAYSHORE DR. NICEVILLE FL 32578  180  191  11. Pursuant to the provisions of Societies 207 0502 and 637 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered algorit, or both, in the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  17. OFFICERS AND DIRECTORS IN 12  18. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  10. STELL ADDRESS  10. STELL ADDRE	24	25 29 30												
BUSYNSHORE DR. NICEVILLE FL 32578    BB   Street Address (P.O. Box Number is Not Acceptable)								10. Name and Address of New Registered Agent						
102 BAYSHORE DR.   102 BAYSHORE DR.   102 BAYSHORE DR.   103 BAYSHOR	MURRAY, ALICE H													
NICEVILLE FL 32578    Bit   City   FL   Sit   Zip Code							92	2 Street Address (P.O. Rey Number in Net Acceptable)						
Section   Sect								Su <del>ec</del> i.		ss (F.O. Box Number is Not Acceptat	лв <i>)</i>			
11. Pursuant to the provisions 67 Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algorit, 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, 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, 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, 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, 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, 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, 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, or both, in the state of the appointment as registered agent, or both, in the appointment as registered directors. I hereby accept the appointment as registered agent, or both, in the appointment as registered directors. I hereby accept the depositions. I hereby accept the depositions is board of directors. I hereby accept the depositions is board of directors. I hereby accept the depositions is board of directors. I hereby accept the depositions is board of directors. In the appointment as registered agent, appointment when remaining to the property and the appointment as registered agent, appointment when remaining to the property a							03							
agent I am familiar with and accept the objections of Science State of Horizat Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the objections of Science Spratures.  SIGNATURE  SIGNATURE  DP								•						
12	office or ri	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												
Title														
NAME   MAINS, DAVID R   12 MAME   13 STREET ADDRESS   7240 SUM Pounce Dr.   12 MAME   13 STREET ADDRESS   14 CHTY-ST-ZP   12 MAME   13 STREET ADDRESS   14 CHTY-ST-ZP   12 MAME   14 CHTY-ST-ZP   12 MAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CHTY-ST-ZP   15 CHange   Addition   14 CHTY-ST-ZP   15 CHANGES   15 STREET ADDRESS   15 STR	12.		TORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	IS IN 12			
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DELETE   14 CITY-ST-ZP   DOG Note   DELETE   14 CITY-ST-ZP   DOG Note   DELETE   DITTLE   DIST   DELETE   Z1 TITLE   DIST   DELETE   Z2 MAME   DELETE   DE	NAME	MAINS, DAVID	R			1.2	NAME		Gor	te, hynda l				
DELETE	STREET ADDRESS	603 PINE CON	E COVE		1.3 SI			ADDRESS	924	to Suh Pointe Dr.			l:	
DELETE	CITY+ST+ZIP	NICEVILLE FL			140			(-21P	Boundon Beach FL 33437					
MAINS, JOAN-LOIS	TITLE				DELETE			<del></del>				Change	Addition	
STREET ADDRESS   SOS PINE CONE COVE   23 STREET ADDRESS   2 4 CITY-ST-ZIP	NAME	MAINS, JOAN-	LOIS		22 N									
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TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME	' i													
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A 3 STREET ADDRESS   CITY ST-ZIP   A 4 CITY-ST-ZIP   TITLE   DELETE   S 1 TITLE   Change   Addition					<u> </u>	1					<b>b</b>	- Similar		
CITY ST - ZIP								ADDOTES						
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STREET ADDRESS						- 1					L	Ominge	L. AUDITOR	
TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME           STREEL ADDRESS         6.3 STREET ADDRESS           CHY-S1-ZIP         6.4 CHY-S1-ZIP	1													
NAME         6.2 NAME           STREEL ADDRESS         6.3 STREET ADDRESS           CITY-S1-ZIP         6.4 CITY-S1-ZIP					DELETE			- ZIP				<b>-</b>		
STREEL ADDRESS  CITY-S1-ZIP  6.3 STREET ADDRESS  6.4 CITY-S1-ZIP					L_1 DELETE						L	Change	Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME					62	NAME							
	STREET ADDRESS					6.3	STREET	address						

recommency certify that the information supplied with this filling 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 complication or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if of hinged, or on inflation of the complication of the c

SIGNATURE: