

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073164 (2)

1. Corporation Name

MAIN STREAM LOUNGE, INC.



Principal Place of Business

Mailing Address

**2300 E NORVELL BRYANT HIGHWAY
LECANTO FL 34461**

**2300 E NORVELL BRYANT HIGHWAY
LECANTO FL 34461**

2. Principal Place of Business

21 2300 E. Norvell Bryant Highway

Suite, Apt. #, etc.

22

23 Hernando, Florida

Zip Country

24 34442

25

2a. Mailing Address

2300 E. Norvell Bryant Highway

Suite, Apt. #, etc.

27

28 Hernando, Florida

Zip Country

29 34442

30

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

4. FEI Number

☒ 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**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SLAYMAKER, THOMAS E
2218 HIGHWAY 44 WEST
INVERNESS FL 34453**

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

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

Signature (typed or printed name of registered agent, if not applicable)

(If Officer/Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **D** ☐ DELETE
NAME **POSEY, LEWIS F**
STREET ADDRESS **2300 E NORVELL BRYANT HIGHWAY**
CITY - ST - ZIP **LECANTO FL 34461**

TITLE **D** ☒ DELETE
NAME **POSEY, LEYLA**
STREET ADDRESS **2300 E NORVELL BRYANT HIGHWAY**
CITY - ST - ZIP **LECANTO FL 34461**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. TITLE **D** ☐ Change ☒ Addition
NAME **McGann, Kathleen M**
STREET ADDRESS **312 Stotler Ave**
CITY - ST - ZIP **Inverness FL 34450**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96 352-344-2226

CR2E034 (3/96)