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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90232 044 ***150.00

DOCUMENT # P95000084949 1. Corporation Name

MAIN STREET CONSULTING, INC.

		 	
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Principal Plac	e of Business	Mailing	Address	_			i ilitiida (10 idib) tiiti balii sain sain sais sain sisis sain sisis
926 SANDPIPE	R CIRCLE	926 SAI	NDPIPER CIRCLE				
BRADENTON F	L 34209	BRADE	ITON FL 34209				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							1 '
			U Add				11/03/1995 4. FEI Number Applied For
·— '	lace of Business	_	ling Address				
21		26					65-0620889 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27	te, Apt. #, etc.				5. Certificate of Status Desired Fee Required
City & Stat	<u> </u>		/ & State				6. Election Campaign Financing \$5.00 May Be
	e	28	v & Olale				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Cou	intrv		This corporation owes the current year Intangible
24	25	29		30	,		Personal Property Tax.
24	9. Name and Address of Curre		d Agent	301			10. Name and Address of New Registered Agent
	a. Haine and Address of Culte	r.ogiatale			81	Name	
GIF	NNON, JOHN				Ш		
	SANDPIPER CIRCLE				82	Street A	Address (P.O. Box Number is Not Acceptable)
	DENTON FL 34209				83		
D. O.	DENT ON TE GIEGO				"		
					84	City	FJ 85 Zip Code
		00 1 007 4	FOO Florida Status			nomed o	
office or a	registered agent, or both, in the State	of Florida. S	uch change was a	uthorized	l by	the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obliga	ations of, Sec	tion 607.0505, Flo	rida Stat	utes.	-	
SIGNATURE				6			quired when reinstating) DATE
12.	Signature, typed or printed name of registered age OFFICERS AI			13.	Agen	(Signature re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	p OFFICERS AI	ND DIRECTO	☐ DELETE	1.1 T/	TIF		Change Addition
	GLENNON, JOHN L			1.2 N/			_ ,
NAME						***********	
STREET ADDRESS						ADDRESS	₹
CITY-ST-ZIP	BRANDENTON FL		☐ DELETE		TY- S1	r-ZIP	☐ Change ☐ Addition
TITLE			← DEFEIE	2.1 TI			□ overâo □ veesaut
NAME				2.2 N/	_	- 1	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				_	ITY-S	T-ZIP	[] Channel [] Addition
TITLE			☐ DELETE	3.1 ₹			Change Addition
NAME	į			3.2 N	AME		
STREET ADDRESS				3.3 S	TREET	ADDRESS	
CITY-ST-ZIP				34.0	ITY-S	T-ZIP	
TITLE			☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 S	TREET	ADDRESS	
CITY-ST-ZIP						T-ZIP	
TITLE				44 C	ITY-S1		
NAME			☐ DELETE	5.1 TI			☐ Change ☐ Addition
			☐ DELETE	_	TLE		☐ Change ☐ Addition
\			☐ DELETE	5.1 TI 5.2 N	TLE	r address	☐ Change ☐ Addition
STREET ADDRESS			☐ DELETE	5.1 TI 5.2 NJ 5.3 S	TLE AME TREET		☐ Change ☐ Addition
,			☐ DELETE	5.1 TI 5.2 NJ 5.3 S	TLE AME TREET		☐ Change ☐ Addition Change ☐ Addition

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 607, 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.

6.2 NAME

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR