

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

DOCUMENT # **P97000078131**

1. Corporation Name
1390 MAIN STREET SERVICES, INC.

Principal Place of Business

**2 NORTH TAMIAI TRAIL
SUITE 608
SARASOTA FL 34236
US**

Mailing Address

**2 NORTH TAMIAI TRIAL
SUITE 608
SARASOTA FL 34236
US**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country
24 **25**

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

65-0779028

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

L. Norman Vaughan-Birch

720 South Orange Avenue

Sarasota

34236

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 607.0805, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Director's Registered Agent signature required when reinstating)

DATE

1.25.99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DAWSON, FREDERICK M**
STREET ADDRESS **2 NORTH TAMIAI TRAIL SUITE 600**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ DELETE

NAME **GREENE, GEORGE E III**
STREET ADDRESS **2 NORTH TAMIAI TRAIL SUITE 608**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ DELETE

NAME **REVELL, WALTER L**
STREET ADDRESS **2 NORTH TAMIAI TRAIL SUITE 608**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ DELETE

NAME **GOODE, SEDDON**
STREET ADDRESS **2 NORTH TAMIAI TRAIL SUITE 600**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **ST** ☐ DELETE

NAME **RIEHMANN, WALTER E.**
STREET ADDRESS **2 NORTH TAMIAI TRAIL SUITE 608**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER E. RIEHMANN

Date

1/21/99

Daytime Phone #

(941) 566-5015

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90053 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)