

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90145 027 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000020365**

1. Corporation Name

MAINSTREET HOMES, INC.

Principal Place of Business

Mailing Address

**305 33 AVE NO
ST PETERSBURG FL 33704**

**305 33 AVE NO
ST PETERSBURG FL 33704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

2. Principal Place of Business

21 6738 Bayou Grande Blvd N.E.

2a. Mailing Address

26 6738 Bayou Grande Blvd N.E.

4. FEI Number

59-3496062

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

St. Petersburg Florida

28 City & State

St. Petersburg Florida

24 Zip

33702

25 Country

USA

29 Zip

33702

30 Country

USA

9. Name and Address of Current Registered Agent

**SHOEMAKER, ROBERT G
305 33 AVE NO
ST PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

81 Name

SHOEMAKER, ROBERT G.

82 Street Address (P.O. Box Number is Not Acceptable)

6738 BAYOU GRANDE BOULEVARD N.E.

83

84 City

St. Petersburg

FL

85 Zip Code

33702

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. **Address change only**

SIGNATURE

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

ROBERT G. SHOEMAKER

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOEMAKER, ROBERT G	
STREET ADDRESS	305 33 AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL 33704	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

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	D, P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHOEMAKER, Robert G.	
1.3 STREET ADDRESS	6738 Bayou Grande Boulevard, N.E.	
1.4 CITY-ST-ZIP	St Petersburg Florida 33702	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 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:

Robert G. Shoemaker

Robert G. Shoemaker

Date

Daytime Phone #

2-28-99 727-896-9903

812-2215

CR2E034 (11/98)