

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V58421** (1)

1. Corporation Name  
**BEN SHIVES AUTO & BOAT BROKER, INC.**



Principal Place of Business: **1705 18TH AVENUE WEST BRADENTON FL 34205**  
Mailing Address: **1705 18TH AVENUE WEST BRADENTON FL 34205**

3. Date Incorporated or Qualified: **08/17/1992**  
3a. Date of Last Report: **02/06/1995**

21. Principal Place of Business <b>6951 15th Street E.</b>	22. Suite, Apt. #, etc.	26. Mailing Address <b>6951 15th Street E.</b>	27. Suite, Apt. #, etc.	4. FEI Number <b>65-0352840</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State <b>Sarasota, FL</b>	24. Zip <b>34243</b>	28. City & State <b>Sarasota, FL</b>	29. Zip <b>34243</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SHIVES, BENJAMIN 1705 18TH AVENUE WEST BRADENTON FL 34205</b>				10. Name and Address of New Registered Agent			
				81. Name <b>Shives, Benjamin</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>6951 15th Street E.</b>			
				83.			
				84. City <b>Sarasota</b>	85. Zip Code <b>FL 34243</b>		

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]* (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHIVES, BENJAMIN</b>		12 NAME <b>Shives, Benjamin</b>	
STREET ADDRESS <b>1705 18TH AVENUE WEST</b>		13 STREET ADDRESS <b>6951 15th Street E.</b>	
CITY - ST - ZIP <b>BRADENTON FL</b>		14 CITY - ST - ZIP <b>Sarasota, FL 34243</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/1/96** DAYTIME PHONE: **941-751-2999**

CR2E034 (12/95)