

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:16

DOCUMENT # **524647** (5)

1. Corporation Name  
**E. W. SIVER AND ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**9400 FOURTH ST. N.  
P.O. BOX 21343  
ST. PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1977** 3a. Date of Last Report **03/25/1994**  
4. FEI Number **59-1712226** 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. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
b. Suite, Apt. #, etc. 27  
City & State 28  
Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**NELSON, RICHARD W.  
150 2ND AVE N. STE 1500  
ST. PETERSBURG FL 33701**

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 607.050, 2 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 \_\_\_\_\_ (NAME) Registered Agent registered required when reappointing (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIVER, EDWARD W	1.2 NAME	
STREET ADDRESS	9400 4TH ST N	1.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JAMES JR	2.2 NAME	
STREET ADDRESS	9400 4TH ST N	2.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIVER, ROBERT I	3.2 NAME	
STREET ADDRESS	114 GIRALDA BLVD. N.E.	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHILL, STEPHANIE	4.2 NAME	
STREET ADDRESS	9400 4TH ST. N.	4.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	4.4 CITY, ST, ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC BURNEY, ROBERT F.	5.2 NAME	
STREET ADDRESS	9400 4TH ST., N.	5.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report and 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 its manager 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 as registered, or as an addressee with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Edward W. Siver**

**1/10/95**  
Date (813) 577-2780  
Telephone Number