

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

FILED

Apr 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004019 (2)

1. Corporation Name

SHELBY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3501 NORTH PONCE DE LEON
SUITE B
ST AUGUSTINE FL 32084
US2980 COASTAL HIGHWAY, #88
ST. AUGUSTINE FL 32085-2344

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 10010 BELLE RIVE BLVD

27 Suite, Apt. #, etc.

28 JACKSONVILLE, FLORIDA

29 32256 30 USA

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3289480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MEIDE, ERIC E
2980 COASTAL HIGHWAY, #88
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name ERIC MEIDE

82 Street Address (P.O. Box Number is Not Acceptable)
10010 BELLE RIVE BLVD #608

83

84 City JACKSONVILLE

FL

85 Zip Code 32256

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 *Eric Meide* ERIC MEIDE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/97

12. OFFICERS AND DIRECTORS

TITLE	DPVT	<input type="checkbox"/> DELETE
NAME	MEIDE, ERIC E	
STREET ADDRESS	2980 COASTAL HIGHWAY, #88	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MEIDE, THERES M	
STREET ADDRESS	2980 COASTAL HIGHWAY, #88	
CITY - ST - ZIP	ST. AUGUSTINE FL	
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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERIC MEIDE	
1.3 STREET ADDRESS	10010 BELLE RIVE BLVD #608	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32256	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THERESA MEIDE	
2.3 STREET ADDRESS	10010 BELLE RIVE BLVD #608	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32256	
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 do 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.

SIGNATURE: *Eric Meide* ERIC MEIDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 (904) 825-2300

Date

Daytime Phone

CR2E034 (9/96)