

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

**FILED**  
**Mar 03 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 524647 (5)**  
 1. Corporation Name  
**E. W. SIVER AND ASSOCIATES, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>9400 FOURTH ST. N.<br/>                 P.O. BOX 21343<br/>                 ST. PETERSBURG FL 33702</b> | Mailing Address<br><b>9400 FOURTH ST. N.<br/>                 P.O. BOX 21343<br/>                 ST. PETERSBURG FL 33702-2531</b> |
|---|--|

|                                |                        |  |  |
|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>01/28/1977</b>   | 3a. Date of Last Report<br><b>01/29/1996</b>           |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>59-1712226</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |   |                       |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent<br><b>RICHARD O. JACOBS<br/>                 13577 FEATHER SOUND DRIVE<br/>                 SUITE 300<br/>                 CLEARWATER FL 34622</b> |  | 10. Name and Address of New Registered Agent          |                       |
|  |  | 81 Name   |                       |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|  |  | 83  |                       |
|  |  | 84 City   | <b>FL</b> 85 Zip Code |

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (signed in error)  
 (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | PTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SIVER, EDWARD W</b>              | 1.2 NAME  |  |
| STREET ADDRESS             | <b>9400 4TH ST N</b>                | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG, FL 00000</b>      | 1.4 CITY-ST-ZIP                                       | <b>33702</b>   |
| TITLE                      | V <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MARSHALL, JAMES JR</b>           | 2.2 NAME  |  |
| STREET ADDRESS             | <b>9400 4TH ST N</b>                | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG, FL 00000</b>      | 2.4 CITY-ST-ZIP                                       | <b>33702</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SIVER, ROBERT I</b>              | 3.2 NAME  |  |
| STREET ADDRESS             | <b>114 GIRALDA BLVD. N.E.</b>       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG, FL 00000</b>      | 3.4 CITY-ST-ZIP                                       | <b>33702</b>   |
| TITLE                      | S <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BARNHILL, STEPHANIE</b>          | 4.2 NAME  | <b>SECRETARY</b>   |
| STREET ADDRESS             | <b>9400 4TH ST. N.</b>              | 4.3 STREET ADDRESS                                    | <b>CORNILLAUD, JEAN A.</b>   |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>            | 4.4 CITY-ST-ZIP                                       | <b>9400 4th Street N<br/>St. Petersburg, FL 33702</b>                        |
| TITLE                      | V <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MC BURNEY, ROBERT F.</b>         | 5.2 NAME  |  |
| STREET ADDRESS             | <b>9400 4TH ST., N.</b>             | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>            | 5.4 CITY-ST-ZIP                                       | <b>33702</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 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 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, signed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Edward W. Siver, President** DATE: **2/25/97** (813) 577-2780  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)