


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

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</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</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/28/1977</b>  |  |
| 4. FEI Number<br><b>59-1712226</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**RICHARD O. JACOBS  
13577 FEATHER SOUND DRIVE  
SUITE 900  
CLEARWATER FL 34822**

10. Name and Address of New Registered Agent

81 Name  
**Edward W. Siver**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9400 - 4th Street North, Suite 119**

83 P. O. Box 21343 (Zip 33742)

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, in the State of Florida, which 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 *Edward W. Siver* **1/26/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                |  |
|----------------------------|--------------------------------|--|
| TITLE                      | <b>PTD</b>                     | <input type="checkbox"/> DELETE            |
| NAME                       | <b>SIVER, EDWARD W</b>         |  |
| STREET ADDRESS             | <b>9400 4TH ST N</b>           |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG, FL 00000</b> |  |
| TITLE                      | <b>V</b>                       | <input type="checkbox"/> DELETE            |
| NAME                       | <b>MARSHALL, JAMES JR</b>      |  |
| STREET ADDRESS             | <b>9400 4TH ST N</b>           |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG, FL 00000</b> |  |
| TITLE                      | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME                       | <b>SIVER, ROBERT I</b>         |  |
| STREET ADDRESS             | <b>114 GIRALDA BLVD. N.E.</b>  |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG, FL 00000</b> |  |
| TITLE                      | <b>S</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>BARNHILL, STEPHANIE</b>     |  |
| STREET ADDRESS             | <b>9400 4TH ST. N.</b>         |  |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>       |  |
| TITLE                      | <b>V</b>                       | <input type="checkbox"/> DELETE            |
| NAME                       | <b>MC BURNEY, ROBERT F.</b>    |  |
| STREET ADDRESS             | <b>9400 4TH ST., N.</b>        |  |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>       |  |
| TITLE                      | <b>S</b>                       | <input type="checkbox"/> DELETE            |
| NAME                       | <b>CORNILLAUD, JEAN A</b>      |  |
| STREET ADDRESS             | <b>9400 4TH ST N</b>           |  |
| CITY-ST-ZIP                | <b>ST PETERSBURG FL</b>        |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 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 in an attachment with an address.

SIGNATURE *Edward W. Siver* **1/26/98**

CR2E034 (10/97)

**UNANIMOUS RESOLUTIONS OF THE SHAREHOLDERS**  
**E. W. Siver & Associates, Inc.**

The undersigned, being all of the shareholders with voting rights of E. W. Siver & Associates, Inc., adopt the following resolutions:

**Board of Directors.** RESOLVED that this Corporation has a Board of Directors of two (2) members.


**Election of Initial Board of Directors.** RESOLVED that the following persons be and hereby are elected as members of the Board of Directors:

Edward W. Siver - President/Treasurer/Director  
Robert I. Siver - Director

**Registered Agent.** RESOLVED that the Board of Directors has changed the registered agent from Richard O. Jacobs to Edward W. Siver.

**Ratification.** RESOLVED that the minutes of the Board of Directors, the acts of the Directors and Officers and all purchases, contracts, dividends, contributions, compensations, act, decisions, proceedings, elections, and appointments by the Directors and Officers since the preceding annual meeting be and hereby are approved and ratified.

DONE as of this 26th day of January, 1998.

  
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