

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 524647

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

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

Mailing Address
**9400 FOURTH ST. N.
P.O. BOX 21343
ST. PETERSBURG FL 33702**

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90023 046 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**EDWARD W SIVER
9400 4TH ST N #119
P O BOX 21343 (ZIP 33742)
ST PETERSBURG FL 33702**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD W. SIVER

2/3/99 (727) 577-2780

Date

Daytime Phone #

0424352

CR2E034 (1/1/98)