SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
99 AUG -9 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0083584

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 571503

1. Corporation Name
SHIVER AIR OF BRANDON, INC.

Principal Place of Business	Mailing Address
11710 HWY 92 EAST SEFFNER FL 33584 US	P O BOX 402 BRANDON FL 33509-0402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1978

2. Principal Place of Business 21 Same Suite, Apt. #, etc. 22 Same City & State 23 Same Zip 24 Same Country 25 Hills.	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 Same City & State 28 Same Zip 29 Same Country 30 Hills

4. FEI Number: 59-1823000 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIVER, YOLANDA C. 11710 HWY 92 EAST SEFFNER FL 33584	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHIVER, BOBBY W		1.2 NAME	
STREET ADDRESS	1905 CAPRI RD		1.3 STREET ADDRESS	800002961918---8
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP	-08/17/99--01043--002
				****150.00 ****150.00
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHIVER, YOLANDA		2.2 NAME	
STREET ADDRESS	1905 CAPRI RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	KE

CR2E034 (5/99)

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 on an attachment with an address.

SIGNATURE: Yolanda C. Shiver 7-1-99 (813)685-1129

587971-90008-419
571503

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ShiverAir OF BRANDON, INC.

P. O. Box 402 · Brandon, FL 33509-0402
(813) 685-1179

4-1-99

Division of Corporations
P.O. ~~Box~~ 6327
Tallahassee, FL 32314

Gentlemen:

We did not receive the 1st notice of the filing of the annual report. Attached is our check for $150.00, check #7438.

I spoke with the office today at (~~800~~ 850) 488-9000, those were their instructions.

Thank you,

Yolanda Shiver