

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F42086** (1)

1. Corporation Name
THE SHRIEVES, INC.

Principal Place of Business Mailing Address
**6939 N. WICKHAM RD.
MELBOURNE FL 32940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1981** 3a. Date of Last Report **02/25/1994**

4. FEI Number **59-2118873** 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 has liability for intangible tax under S. 190.032 Florida Statutes Yes No

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 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**SHRIEVES, LAJUNE
218 COUNTRY CLUB DR.
MELBOURNE FL 32940**

81 Name **ANN SABELLI**
82 Street Address (P.O. Box Number is Not Acceptable) **6939 N. Wickham Road**
83
84 City **Melbourne, FL** 85 Zip Code **32940**

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 *Ann Sabelli* *Ann Sabelli* *C.A.M.* *4/24/95*
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	PSD
NAME	SHRIEVES, LAJUNE
STREET ADDRESS	6939 N. WICKHAM RD.
CITY - ST - ZIP	MELBOURNE FL 32940
TITLE	VPTD
NAME	SHRIEVES, RICHARD H
STREET ADDRESS	6939 N. WICKHAM RD.
CITY - ST - ZIP	MELBOURNE FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Pres./Sec./Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANN SABELLI
1.3 STREET ADDRESS	6939 N. Wickham Road
1.4 CITY - ST - ZIP	Melbourne, Florida 32940
2.1 TITLE	Vice Pres./Treas./Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PHILIP SABELLI
2.3 STREET ADDRESS	6939 N. Wickham Road
2.4 CITY - ST - ZIP	Melbourne, Florida 32940
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ann Sabelli* *Ann Sabelli* *Pres.* *5/4/95* *407-257-2931*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)