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**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90065 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F42086**

1. Corporation Name  
**THE SHRIEVES, INC.**

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

Mailing Address  
 6939 N. WICKHAM RD.  
 MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/26/1981**

4. FEI Number  
**59-2118873**

5. Certificate of Status Desired  Applied For  Not Applicable  
**\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**SABELLI, ANN**  
 6939 N WICKHAM RD  
 MELBOURNE FL 32940

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PSD	SABELLI, ANN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6939 N. WICKHAM RD.	6939 N. WICKHAM RD.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
MELBOURNE FL	MELBOURNE FL		
VPTD	SABELLI, PHILIP	2.1 TITLE	2.2 NAME
6939 N. WICKHAM RD.	6939 N. WICKHAM RD.	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
MELBOURNE FL	MELBOURNE FL		
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Sabelli* President 4-5-99 407-259-1413  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)