

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088688 (4)**

1. Corporation Name  
**SHELBY DRIVE CORPORATION**



Principal Place of Business <b>C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308 US</b>	Mailing Address <b>C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308 US</b>
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3. Date Incorporated or Qualified **12/07/1994**      3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number **75-2571016**      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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SCHOW, HORACE II  
C/O STATE BOARD OF ADMINISTRATION  
1801 HERMITAGE BLVD., SUITE 600  
TALLAHASSEE FL 32308**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed in block, followed by name and title of signatory. (P.O. Boxes, Registered Agents, and Separate Return Collectors are prohibited.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, DOUGLAS W</b>	1.2 NAME	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, TODD A</b>	2.2 NAME	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, G. ANDREWS</b>	3.2 NAME	
STREET ADDRESS	<b>8750 N. CENTRAL EXWY., SUITE 800</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DALLAS TX</b>	3.4 CITY- ST- ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLUMLEE, DANIEL L.</b>	4.2 NAME	
STREET ADDRESS	<b>8750 N. CENTRAL EXWY., SUITE 800</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DALLAS TX</b>	4.4 CITY- ST- ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAUS, T. GEFORY</b>	5.2 NAME	
STREET ADDRESS	<b>8750 N. CENTRAL EXWY., SUITE 800</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DALLAS TX</b>	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 in the attachment with an address.

SIGNATURE: **G. Andrews Smith**      4/9/86      (214) 989-0800

CR2E034 (12/95)