

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE  Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000066854 (6)**

1. Corporation Name

SHIVER YBOR INVESTMENTS, INC.

Principal Place of Business

906 KNOWLES ROAD
BRANDON FL 33511

Mailing Address

906 KNOWLES ROAD
BRANDON FL 33511

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

LECHNER, BERNARD J
1243 LAKEVIEW ROAD
CLEARWATER FL 34616

81 Name

40000022P0394--0

82 Street Address (P.O. Box Number is Not Applicable)

08/29/97--01124--010

83 ****495.00 ****165.00

84 City

FL 85 Zip Code

33756

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		
TITLE	NAME	1.1 TITLE	Julius J. Shiver <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	1.2 NAME	President/Director	
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	906 Knowles Road	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	NAME	2.1 TITLE	Tessa Glory Shiver <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	2.2 NAME	Secretary	
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	906 Knowles Road	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	NAME	3.1 TITLE	Damon Clay Shiver <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	3.2 NAME	Treasurer	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	906 Knowles Road	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	4.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	5.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	6.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

*Julius J. Shiver,
President*

CR2E034 (4/97)