

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.)

APPROVED
AND
FILED

1997 AUG 28 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000066858 (7)**

1. Corporation Name
SHIVER YBOR PROPERTIES, INC.

Principal Place of Business

**906 KNOWLES ROAD
BRANDON FL 33511**

Mailing Address

**906 KNOWLES ROAD
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1996	3a. Date of Last Report
4. FEI Number 59-3397747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**LECHNER, BERNARD J
1243 LAKEVIEW ROAD
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	100002280401 -- 6
83. City	-08/28/97 - 01124--010
84. City	****485.00 ****165.00
85. Zip Code	FL 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	<input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Julius J. Shiver
STREET ADDRESS		1.3 STREET ADDRESS	906 Knowles Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Tessa Glory Shiver
STREET ADDRESS		2.3 STREET ADDRESS	906 Knowles Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Damon Clay Shiver
STREET ADDRESS		3.3 STREET ADDRESS	906 Knowles Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

Julius J. Shiver,
President

CR2E034 (4/97)