FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700055759 (9) SHELBY CONSULTING & PRODUCT DEVELOPMENT, INC.

Mailing Address

Principal Place of Business 7853 SECOND AVENUE SOUTH ST. PETERSBURG FL 33707

7853 SECOND AVENUE SOUTH ST. PETERSBURG FL 33707

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/23/1997

2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ar	Applied For	
21		26		275756021		ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional equired	
City & State	ity & State City & State				6. Election Campaign Financing	\$5.00	May Be	
28				Trust Fund Contribution		to Fees		
Zip	Country Zip Cou			,	8. This corporation owes or has paid the	current year Inf	tangible	
24				Personal Property Tax due June 30. Yes No				
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
SINDEN, WATSON R ESQ				Name				
501 FIRST AVENUE NORTH			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 404								
ST. PETERSBURG FL 33701			83					
			84	City		. 85 Zip	Code	
				City	F	L 3 2		
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								
11. Pursuant to the provisions of Sections 507,0502 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 Elerida, 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 Oranle R. helbe, 1/12/48								
Signature, typed of printed name of registered Syent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	CE®₹	☐ DELETE	1.1 TITLE			L Change	Addition	
NAME	SHELBY, JAMES R		1.2 NAME	j				
STREET ADDRESS	7853 SECOND AVENUE SOUT	H	1.3 STREET	ADDRESS			ĺ	
CITY-ST-ZIP	ST. PETERSBURG FL 33707		1.4 CITY - S	T-ZIP				
TITLE	T	☐ DELETE	2.1 YMLE		·	☐ Change	Addition	
NAME	SHELBY, JAMES R		2.2 NAME	-				
STREET ADDRESS	7853 SECOND AVENUE SOUT	H	2.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33707		2. 4 CITY~	ST-ZIP				
TITLE	V DELETE 3.1		3.1 TITLE			Change	Addition	
NAME	SHELBY, JAMES R		3,2 NAME					
STREET ADDRESS	7853 SECOND AVENUE SOUT	H	3.3 STREET	ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG FL 33707		3.4. CITY-1	ST-ZIP				
TITLE	V DELETE 4.1 T		4.1 TITLE			Change	Addition	
NAME	SHELBY, MICHAEL S		4, 2 NAME				ļ	
STREET ADDRESS	7853 SECOND AVENUE SOUT	H	4.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33707		4.4 CITY - S	T-ZIP				
TITLE	S	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	LAPOINTE, JOANN		5.2 NAME				ſ	
STREET ADDRESS	7853 SECOND AVENUE SOUT	H	5.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33707		5.4 CITY - S	T-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				ļ	
STREET ADDRESS			6.3 STREET	ADDRESS			}	
CITY - ST - ZIP			6,4 CITY-S	!			ŀ	
14. I hereby	ertify that the information supplied wit	h this filing does not qualify t	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the	information	

4. I hereby certify that the information supplied with this filling does not duality for the exemption stated in Section 119.07(3)(), 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: .

NATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

Doubers Phone #