FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14492** **(3)**

1. Corporation Name
REEVES BROTHERS, INC.

Principal Place of Business	Mailing Address
U.S. HIGHWAY 29, SOUTH P.O. BOX 1698 SPARTANBURG SC 29304	U.S. HIGHWAY 29, SOUTH P.O. BOX 1698 SPARTANBURG SC 29304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: **23-1470071** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☒ Change ☐ Addition
NAME	HART, DOUGLAS B	12 NAME	
STREET ADDRESS	~~221 MILL ROAD~~	13 STREET ADDRESS	347 LOST DISTRICT ROAD
CITY-ST-ZIP	NEW CANAAN CT	14 CITY-ST-ZIP	
TITLE	~~T~~	21 TITLE	V ☐ Change ☒ Addition
NAME	~~BALL, RICHARD W.~~	22 NAME	DON MILLER
STREET ADDRESS	~~601 N SALEM RD~~	23 STREET ADDRESS	P.O. BOX 1698, 790 REEVES ST
CITY-ST-ZIP	~~RIDGEFIELD CT~~	24 CITY-ST-ZIP	SPARTANBURG, SC 29304
TITLE	CD	31 TITLE	☒ Change ☐ Addition
NAME	HART, JAMES W.	32 NAME	
STREET ADDRESS	~~347 LOST DISTRICT RD~~	33 STREET ADDRESS	12 SHERRY LANE
CITY-ST-ZIP	DARIEN CT	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	HART, JAMES W., JR.	42 NAME	
STREET ADDRESS	275 JONATHAN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	HART, STEVEN W.	52 NAME	
STREET ADDRESS	10 BUTLER'S ISLAND ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	FRAY, JENNIFER H	62 NAME	
STREET ADDRESS	16 SPICEWOOD RD	63 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT	64 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)(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.

SIGNATURE: D N Miller **4/24/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — **803-576-1210** Daytime Phone #

0008870 CP