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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
REEVES BROTHERS, INC.

Principal Place of Business	Mailing Address
U.S. HIGHWAY 29. SOUTH P.O. BOX 1898 SPARTANBURG SC 29304	U.S. HIGHWAY 29. SOUTH P.O. BOX 1898 SPARTANBURG SC 29304-1898

3. Date Incorporated or Qualified: 05/18/1987
3a. Date of Last Report: 05/01/1996

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HART, DOUGLAS B		1.2 NAME		
STREET ADDRESS	347 LOST DISTRICT RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, DON		2.2 NAME	LINDUFF, GARY D.	
STREET ADDRESS	PO BOX 1898, 790 REEVES ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPARTANBURG SC		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HART, JAMES W.		3.2 NAME		
STREET ADDRESS	12 SHERRY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DARIEN CT		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HART, JAMES W., JR.		4.2 NAME		
STREET ADDRESS	275 JONATHAN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HART, STEVEN W.		5.2 NAME		
STREET ADDRESS	10 BUTLER'S ISLAND ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	DARIEN CT		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FRAY, JENNIFER H		6.2 NAME		
STREET ADDRESS	16 SPICEWOOD RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: [signature] GARY D. LINDUFF 4/17/97 (864) 576-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #