

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 303496

1. Corporation Name

REVELS NATIONWIDE R.V. SALES, INC.

Principal Place of Business

1726 CASSAT AVE
JACKSONVILLE FL 32210
US

Mailing Address

1726 CASSAT AVE
JACKSONVILLE FL 32210
US

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90118 023 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1966

4. FEI Number

59-1156783

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1726 Cassat Ave

26 1726 Cassat Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, FL

28 Jacksonville, FL

24 32210 25 Duval

29 32210 30 Duval

9. Name and Address of Current Registered Agent

REVELS, CLAYTON E.
1530 FRASER ROAD
GREEN COVE SPRINGS FL 32043

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME REVELS, MILDRED M.
STREET ADDRESS PO BOX 158 N/A
CITY-ST-ZIP GREEN COVE SPRGS FL 32043

☐ DELETE

TITLE D
NAME BAKER, TRINA R.
STREET ADDRESS PO BOX 158 N/A 1186
CITY-ST-ZIP GREEN COVE SPRGS FL 32043

☐ DELETE

TITLE PD
NAME REVELS, CLAYTON E.
STREET ADDRESS PO BOX 158 N/A
CITY-ST-ZIP GREEN COVE SPRGS FL

☐ DELETE

TITLE D
NAME BROWN, RHONDA R
STREET ADDRESS PO BOX 158 N/A
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ DELETE

TITLE VPD
NAME BAKER, RICK H.
STREET ADDRESS P.O. Box 1186
CITY-ST-ZIP Green Cove Spgs, FL 32043

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Mildred M. Revels, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 2, 1999 904-388-9400
Date DayTime Phone #

CR2E034 (11/98)