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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 12:07

DOCUMENT # **529681** **(9)**

1. Corporation Name

REVELL AND REVELL CORPORATION

Principal Place of Business	Mailing Address
HIGHWAY 20 P. O BOX 66 BRISTOL FL 32321	HIGHWAY 20 P. O BOX 66 BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/18/1977**
3a. Date of Last Report: **04/06/1994**
4. FEI Number: **59-1921623** ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

REVELL, WYNONA
CHURCH ST.
BRISTOL FL 32321

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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, WYNONA	1.2 NAME		
STREET ADDRESS	CHURCH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, JOHN	2.2 NAME		
STREET ADDRESS	CHIPOLA RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, REX	3.2 NAME		
STREET ADDRESS	HIGHWAY 12-S	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRISTOL FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, GORDON P.	4.2 NAME		
STREET ADDRESS	MYERS ANN ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	TOMLINSON, JOHN	5.2 NAME		
STREET ADDRESS	516 W HENTZ AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, WILLIE F.	6.2 NAME		
STREET ADDRESS	MYERS ANN STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	BRISTOL, FL 00000	6.4 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: Billie (Willie) Revell Billie Revell 2-1-95 (904) 643-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400340 FP