

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

FILED

**Jan 28 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 # 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 32321-0066**

3. Date Incorporated or Qualified **03/18/1977** 3a. Date of Last Report **03/05/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1921623** Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 **REVELL, GORDON P. ROBYN DRIVE 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 for another year with, and accept the obligations of, Section 607.0504, Florida Statutes.
SIGNATURE *[Signature]* 1-22-97 DATE
SIGNATURE, TYPE 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 | VD <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REVELL, WAYNE | 1.2 NAME | REVELL, DENNIS |
| STREET ADDRESS | 2488 ELFINWING LANE | 1.3 STREET ADDRESS | 345 IDYLLWOOD DRIVE |
| CITY - ST - ZIP | TALLAHASSEE FL | 1.4 CITY - ST - ZIP | ATHENS, GA 30605 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REVELL, GORDON P. | 4.2 NAME | |
| STREET ADDRESS | ROBYN DRIVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | BRISTOL, FL 00000 | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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]* 1-22-97 (904) 643-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)