

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90045 024 ***150.00

DOCUMENT # 529681

1. Corporation Name

REVELL AND REVELL CORPORATION

Principal Place of Business

HIGHWAY 20
P. O BOX 66
BRISTOL FL 32321

Mailing Address

HIGHWAY 20
P. O BOX 66
BRISTOL FL 32321



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1977

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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. 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 VD
NAME REVELL, WAYNE
STREET ADDRESS 2488 ELFINWING LANE
CITY-ST-ZIP TALLAHASSEE FL
☒ DELETE

TITLE D
NAME PEACOCK, JOHN
STREET ADDRESS CHIPOLA RD
CITY-ST-ZIP BLOUNTSTOWN, FL 00000
☐ DELETE

TITLE D
NAME DAVIS, REX
STREET ADDRESS HIGHWAY 12-S
CITY-ST-ZIP BRISTOL FL
☐ DELETE

TITLE PD
NAME REVELL, GORDON P.
STREET ADDRESS ROBYN DRIVE
CITY-ST-ZIP BRISTOL, FL 00000
☐ DELETE

TITLE D
NAME TOMLINSON, JOHN
STREET ADDRESS 516 W HENTZ AVE
CITY-ST-ZIP BLOUNTSTOWN, FL 00000
☐ DELETE

TITLE SD
NAME REVELL, WILLIE F.
STREET ADDRESS MYERS ANN STREET
CITY-ST-ZIP BRISTOL, FL 00000
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME REVELL, WAYNE
1.3 STREET ADDRESS 3016 WHIRLAWAY TRAIL
1.4 CITY-ST-ZIP TALLAHASSEE, FL
☒ 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: WILLIE F. REVELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 (850)643-3825
Date Daytime Phone #

CR2E034 (11/98)