

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000002906 (5)

1. Corporation Name

REEVES ENTERPRISES, INC.



Principal Place of Business

2026 BARBERRY COURT  
BOWLING GREEN KY 42104

Mailing Address

2026 BARBERRY COURT  
BOWLING GREEN KY 42104

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21 1291 UNDERWOOD CT.

26 P.O. BOX 27265

4. FET Number

61-0925528

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LAX, RICHARD D  
469 WAHOO ROAD  
PO BOX 27234  
PANAMA CITY FL 32411

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 removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	REEVES, LESTER D	
STREET ADDRESS	2026 BARBERRY COURT	
CITY - ST - ZIP	BOWLING GREEN KY 42104	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REEVES, DOROTHY E	
STREET ADDRESS	2026 BARBERRY COURT	
CITY - ST - ZIP	BOWLING GREEN KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REEVES, LESTER D.	
1.3 STREET ADDRESS	1291 UNDERWOOD CT.	
1.4 CITY - ST - ZIP	BOWLING GREEN, KY 42103	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REEVES, DOROTHY E.	
2.3 STREET ADDRESS	1291 UNDERWOOD CT.	
2.4 CITY - ST - ZIP	BOWLING GREEN, KY 42103	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: *Lester D. Reeves* LESTER D. REEVES 3-19-96 (904) 234-6160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)