

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 24, 1999 8:00 am
Secretary of State

02-24-1999 90021 010 ***150.00

DOCUMENT # F94000002906

1. Corporation Name

REEVES ENTERPRISES, INC.

Principal Place of Business

1291 UNDERWOOD CT
BOWLING GREEN KY 42103
US

Mailing Address

PO BOX 27265
PANAMA CITY FL 32411
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

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

2. Principal Place of Business

21 **571 WAHOO RD. P.O. BOX 27265**

2a. Mailing Address

26 **AS ABOVE**

Suite, Apt. #, etc.

22 **PANAMA CITY, FL**

Suite, Apt. #, etc.

27

City & State

23 **32411**

City & State

28

Zip

24 **32411**

Country

25 **USA**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

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 **PC** ☒ DELETE

NAME **REEVES, LESTER D**
STREET ADDRESS **1291 UNDERWOOD CT**
CITY-ST-ZIP **BOWLING GREEN KY**

TITLE **SD** ☒ DELETE

NAME **REEVES, DOROTHY E**
STREET ADDRESS **1291 UNDERWOOD CT**
CITY-ST-ZIP **BOWLING GREEN KY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **PC**
REEVES, LESTER D
1.3 STREET ADDRESS **P.O. BOX 27265**
1.4 CITY-ST-ZIP **PANAMA CITY, FL 32411**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **SD**
REEVES, DOROTHY E
2.3 STREET ADDRESS **P.O. BOX 27265**
2.4 CITY-ST-ZIP **PANAMA CITY, FL 32411**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Lester D. Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESTER D. REEVES 1-11-98

850-234-6160

Date

Daytime Phone #

CR2E034 (11/98)