2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000002906**

REEVES ENTERPRISES, INC.

LAX, RICHARD D

SIGNATURE

11.

TITLE

NAME

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TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

469 WAHOO ROAD PO BOX 27234 PANAMA CITY FL 32411

9. This corporation is eligible to satisfy its Intangible

REEVES, LESTER D

PANAMA CITY FL 32411

REEVES, DOROTHY E

PANAMA CITY FL 32411

P.O. BOX 27265

P.O. BOX 27265

Tax filing requirement and elects to do so.

(See criteria on back)

PC

Principal Place of Business Mailing Address 571 WAHOO RD. PO BOX 27265 PANAMA CITY FL 32411-7265 P.O. BOX 27265 FANAMA CITY FL 32411 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

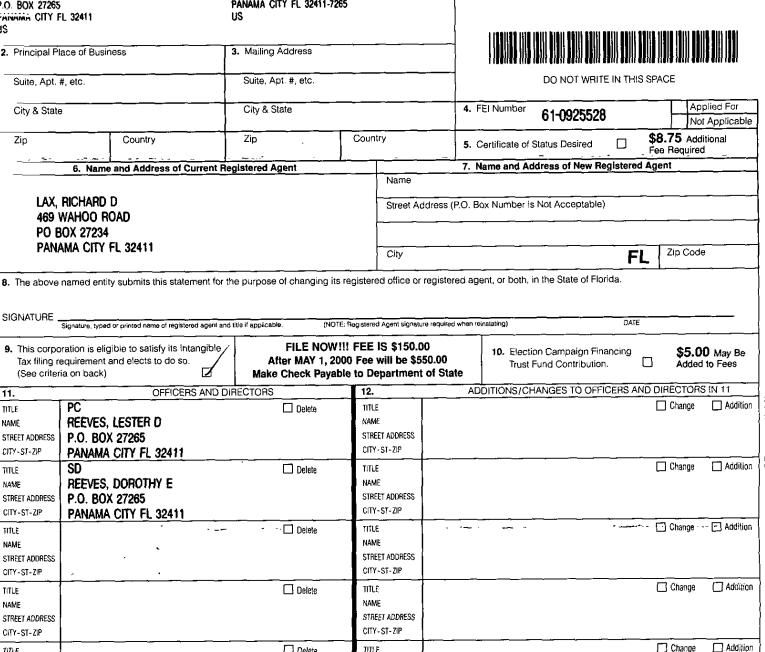
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90040 038 ***150.00



CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

850-234-6160

☐ Change

Addition