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 # **G58371** **(7)**

1. Corporation Name

REVELL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
A1A AND AMELIA ROAD POST OFFICE BOX 4 FERNANDINA BEACH FL 32035 US	RT. 1. BOX 218A - PHILLIPS MANOR RD POST OFFICE BOX 4 FERNANDINA BEACH FL 32035 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **09/07/1983**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-2379737** ☐ 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

9. Name and Address of Current Registered Agent

REVELL, ADA R.
ROUTE 1, BOX 218-A
FERNANDINA BEACH FL 32034

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, ADA R.		1.2 NAME		
STREET ADDRESS	RT 1, B 218-A PHILLIPS		1.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH FL 32034		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, MELTON G.		2.2 NAME		
STREET ADDRESS	RT 1, B 218-A PHILLIPS		2.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH FL 32034		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	REVELL, JAMES FOREHAND		3.2 NAME	Revell, James Forehand	
STREET ADDRESS	1783 MARINERS WALK		3.3 STREET ADDRESS	822 Fountain Drive	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		3.4 CITY-ST-ZIP	Fernandina Beach, Fl 32034	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Ada R. Revell — 2/15/96 — 904-261-6554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)