


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90010 043 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # J51556</b>                              |  |
| <b>1. Entity Name</b><br>JACK REVELS AUTO SALES, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>PO BOX 155<br>633 N. ORANGE AVE<br>GREEN COVE SPRINGS FL 32043 | <b>Mailing Address</b><br>PO BOX 155<br>633 N. ORANGE AVE<br>GREEN COVE SPRINGS FL 32043 |
|--|--|

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |



MOORE CR2E034 (11/03)

|  |  |   |  |
|--|--|---|--|
| <b>4. FEI Number</b><br>59-2754152                               |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                         |  |

|  |  |  |          |
|--|--|--|----------|
| <b>6. Name and Address of Current Registered Agent</b>             |  | <b>7. Name and Address of New Registered Agent</b> |          |
| REVELS, JACK R., SR.<br>633 N. ORANGE AVE<br>GREEN COVE SPRINGS FL |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | FL   | Zip Code |

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

|   |   |   |  |
|---|---|---|--|
| <b>10. OFFICERS AND DIRECTORS</b>                             |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| <b>TITLE</b><br>P <input type="checkbox"/> Delete             | <b>NAME</b><br>REVELS, JACK R.                    | <b>TITLE</b><br>VP, ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>NAME</b><br>Jack R. Revels, Jr.                   |
| <b>STREET ADDRESS</b><br>3095 REVELS RD                       | <b>CITY-ST-ZIP</b><br>GREEN COVE SPRGS FL         | <b>STREET ADDRESS</b><br>3919 Randall Rd.   | <b>CITY-ST-ZIP</b><br>Green Cove Springs, Fla. 32043 |
| <b>TITLE</b><br>ST <input checked="" type="checkbox"/> Delete | <b>NAME</b><br>REVELS, CAROLYN N.                 | <b>TITLE</b><br>VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     | <b>NAME</b><br>Adam B. Revels                        |
| <b>STREET ADDRESS</b><br>3095 REVELS RD                       | <b>CITY-ST-ZIP</b><br>GREEN COVE SPRGS FL         | <b>STREET ADDRESS</b><br>539 Palmetto Ave.  | <b>CITY-ST-ZIP</b><br>Green Cove Springs, Fla. 32043 |
| <b>TITLE</b><br>VP <input checked="" type="checkbox"/> Delete | <b>NAME</b><br>REVELS, JACK R JR.                 | <b>TITLE</b><br>VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     | <b>NAME</b><br>Joshua M. Revels                      |
| <b>STREET ADDRESS</b><br>3919 RANDALL RD                      | <b>CITY-ST-ZIP</b><br>GREEN COVE SPRINGS FL 32043 | <b>STREET ADDRESS</b><br>539 Palmetto Ave.  | <b>CITY-ST-ZIP</b><br>Green Cove Springs, Fla. 32043 |
| <b>TITLE</b><br>VP <input checked="" type="checkbox"/> Delete | <b>NAME</b><br>REVELS, ADAM B                     | <b>TITLE</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <b>NAME</b><br>                                      |
| <b>STREET ADDRESS</b><br>209 FERRIS ST                        | <b>CITY-ST-ZIP</b><br>GREEN COVE SPRINGS FL 32043 | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                               |
| <b>TITLE</b><br>VP <input checked="" type="checkbox"/> Delete | <b>NAME</b><br>REVELS, JOSHUA M                   | <b>TITLE</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <b>NAME</b><br>                                      |
| <b>STREET ADDRESS</b><br>6245 ISLAND FOREST DR                | <b>CITY-ST-ZIP</b><br>ORANGE PARK FL 32003        | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                               |
| <b>TITLE</b><br><input type="checkbox"/> Delete               | <b>NAME</b><br>                                   | <b>TITLE</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <b>NAME</b><br>                                      |
| <b>STREET ADDRESS</b><br>                                     | <b>CITY-ST-ZIP</b><br>                            | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                               |

**12.** 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jack R. Revels, Sr. *[Signature]* 01/28/04 904 284 5225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #