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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K23718

1. Corporation Name
REVE DEVELOPMENT CORP.

Principal Place of Business
901 BROKEN ARROW LN
CANTONMENT FL 32533
US

Mailing Address
P OBOX 7025
PENSACOLA FL 32534
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1988

4. FEI Number

59-2904547

Applied For
Not Applicable

5. Certificate of Status Desired

☒ A

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒ DNA

\$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

21 908 Broken Arrow Ln

Suite, Apt. #, etc.

22

City & State

23 Cantonment FL

Zip

24 32533

Country

25 US

2a. Mailing Address

26 P.O. Box 7025

Suite, Apt. #, etc.

27

City & State

28 Pensacola FL

Zip

29 32534

Country

30 US

9. Name and Address of Current Registered Agent

NOEL, RAYMOND A
10184 FOX RUN RD
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

Noel, Raymond A.

82 Street Address (P.O. Box Number is Not Acceptable)

972 Broken Arrow Lane

83

84 City

Cantonment

FL

85 Zip Code

32533

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 VPT ☐ DELETE

NAME NOEL, RAYMOND A.

STREET ADDRESS 10184 FOX RUN RD

CITY-ST-ZIP PENSACOLA FL

TITLE PS ☐ DELETE

NAME NOEL, RAYMOND A.

STREET ADDRESS 10184 FOX RUN RD

CITY-ST-ZIP PENSACOLA FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond A. Noel 3/11/99 (850) 477-2132

Date

Daytime Phone #

CR2E034 (11/98)