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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 18 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K67298

1. Corporation Name

REVELS ENTERPRISES, INCORPORATED

Principal Place of Business

C/O KARLOS REVELS
4151 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311-7464

Mailing Address

C/O KARLOS REVELS
4151 WOODVILLE HIGHWAY
TALLAHASSEE FL 32311-7464

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BLACKWELL, JOHN L
481 OLD DIRT ROAD
TALLAHASSEE FL 32311

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 607.1503, Florida Statutes, the above named corporate registrants do hereby state that 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person to whom the power of attorney is given

Signature of the person to whom the power of attorney is given

Signature

12. OFFICERS AND DIRECTORS

TITLE D [DELETE]

NAME REVELS, KARLOS
STREET ADDRESS 4151 WOODVILLE HWY
CITY-STATE-ZIP TALLAHASSEE FL

TITLE S [DELETE]

NAME REVELS, JESSIE T.
STREET ADDRESS 1382 BALKIN ROAD
CITY-STATE-ZIP TALLAHASSEE FL

TITLE M [DELETE]

NAME MILLER, TERRY
STREET ADDRESS 4151 WOODVILLE HWY
CITY-STATE-ZIP TALLAHASSEE FL

TITLE [DELETE]

NAME [DELETE]
STREET ADDRESS 481 Old Dirt Rd.
CITY-STATE-ZIP Tallahassee, FL 32311

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[Change] [Addition]

TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

[Change] [Addition]

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****150.00 ****150.00

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

[Change] [Addition]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, any Florida Statutes. I further certify that the information indicated on this annual report or Supplemental Report is true and correct 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 power of attorney was used to complete this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 if change or on an attachment to an address, with an officer or empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OF BLOCK 12 OR

3/18/99

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