

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4: 09

DOCUMENT # **K72020** (6)
1. Corporation Name
REVIS TOWING & RECOVERY, INC.

Principal Place of Business Mailing Address
C/O EDGAR REVIS **C/O EDGAR REVIS**
P.O. BOX 120716 **P.O. BOX 120716**
CLERMONT FL 34712-7716 **CLERMONT FL 34712-7716**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1989		3a. Date of Last Report 05/26/1994	
21		26		4. FEI Number 59-2941704		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
REVIS, EDGAR 1516 EAST MAIN STREET LEESBURG FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVIS, EDGAR	1.2 NAME	REVIS, EDGAR
STREET ADDRESS	1516 EAST MAIN ST.	1.3 STREET ADDRESS	1516 EAST MAIN ST
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	LEESBURG FL 34748
TITLE	D	2.1 TITLE	D T S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVIS, CAROL R.	2.2 NAME	REVIS CAROL R
STREET ADDRESS	1516 EAST MAIN ST.	2.3 STREET ADDRESS	1516 EAST MAIN ST
CITY - ST - ZIP	LEESBURG FL	2.4 CITY - ST - ZIP	LEESBURG FL 34748
TITLE		3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	REVIS, STEPHEN E
STREET ADDRESS		3.3 STREET ADDRESS	746 NW 30th AVE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	OCALA FL 34475
TITLE		4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	REVIS, JEFFREY E
STREET ADDRESS		4.3 STREET ADDRESS	7130 EAST SR 50
CITY - ST - ZIP		4.4 CITY - ST - ZIP	GROVELAND FL 34736
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 resolver 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: Carol R. Revis **CAROL R. REVIS** 2.1.95 904-622-6977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)