

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K72020** (6)

1. Corporation Name

**REVIS TOWING & RECOVERY, INC.**



Principal Place of Business

Mailing Address

C/O EDGAR REVIS  
P.O. BOX 120716  
CLERMONT FL 34712-7716

C/O EDGAR REVIS  
P.O. BOX 120716  
CLERMONT FL 34712-7716

3. Date Incorporated or Qualified <b>03/10/1989</b>	3a. Date of Last Report <b>02/06/1995</b>
4. FEI Number <b>59-2941704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REVIS, EDGAR  
1516 EAST MAIN STREET  
LEESBURG FL**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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

*Edgar Revis*

6-14-94

Signature, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
DP	REVIS, EDGAR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1516 EAST MAIN ST.	LEESBURG FL		
DTS	REVIS, CAROL R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1516 EAST MAIN ST.	LEESBURG FL		
V	REVIS, STEPHEN E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
746 NW 30TH AVE	OCALA FL		
V	REVIS, JEFFREY E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
7130 EAST SR 50	GROVELAND FL		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 617, 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*

6-14-94

352-344-7808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)