

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address
**C/O EDGAR REVIS
P.O. BOX 120716
CLERMONT FL 34712-0716**

3. Date Incorporated or Qualified **03/10/1989** 3a. Date of Last Report **06/18/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 7130 ESA 50	59-2941704	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	28 GROVELAND FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29 34736	30 LAKE
23	25	24	25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REVIS, EDGAR
1518 EAST MAIN STREET
LEESBURG FL**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVIS, EDGAR	1.2 NAME	
STREET ADDRESS	1518 EAST MAIN ST.	1.3 STREET ADDRESS	7130 E SR 50
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVIS, CAROL R.	2.2 NAME	
STREET ADDRESS	1518 EAST MAIN ST.	2.3 STREET ADDRESS	7130 W SR 50
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVIS, STEPHEN E	3.2 NAME	
STREET ADDRESS	746 NW 30TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVIS, JEFFREY E	4.2 NAME	
STREET ADDRESS	7130 EAST SR 50	4.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: **Carole R. Revis** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: **352-394-7808**

CR2E034 (9/96)