FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K89030** **(6)**

1. Corporation Name
REVILO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O WAYNE F OLIVER 9340 ELAINE DR NEW PORT RICHEY FL 34654	C/O WAYNE F OLIVER 9340 ELAINE DR NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/17/1989**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2547544** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) Country (30)
8. This corporation has authority to do business in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLIVER, WAYNE F
9340 ELAINE DR
NEW PT RICHEY FL 34654

10. Name and Address of New Registered Agent

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 607.0907 and 607.1506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	OLIVER, WAYNE F.	NAME	
STREET ADDRESS	9340 ELAINE DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE	DVT	TITLE	☐ Change ☐ Addition
NAME	OLIVER, GAIL B.	NAME	
STREET ADDRESS	9340 ELAINE DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	OLIVER, GAIL B.	NAME	
STREET ADDRESS	9340 ELAINE DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 attached sheet, with an address.

(5/3)

SIGNATURE: X Paul H. Oliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28 1995 862-4864
Date Daytime Phone #

0372444 CP