FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

REVILO ENTERPRISES, INC.

Principal Place of Business

C/O WAYNE F OLIVER
9340 ELAINE DR
NEW PORT RICHEY FL 34654

Mailing Address

C/O WAYNE F OLIVER
9340 ELAINE DR
NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified: **05/17/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2547544** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation have liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

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 Section 607.0502 and 617.1908, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	OLIVER, WAYNE F.		12 NAME	
STREET ADDRESS	9340 ELAINE DR.		13 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		14 CITY ST ZIP	
TITLE	DVT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	OLIVER, GAIL B.		22 NAME	
STREET ADDRESS	9340 ELAINE DR.		23 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		24 CITY ST ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	OLIVER, GAIL B.		32 NAME	
STREET ADDRESS	9340 ELAINE DR.		33 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		34 CITY ST ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

SECRETARY OF STATE
03/26/96 01020 001
**200.00

CR2E034 (12/95)

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)(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.

SIGNATURE: X Sandra B. Mortham 3/25

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #