

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

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # P93000083179 (0)

1. Corporation Name

REVELS CHRYSLER PLYMOUTH DODGE JEEP, INC.



Principal Place of Business

Mailing Address

141 WEST MADISON STREET
STARKE FL 32091
US

141 WEST MADISON STREET
STARKE FL 32091
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

REVELS, CLAYTON E
141 WEST MADISON STREET
STARKE FL 32091

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

01/30/1995

4. FEI Number

59-3211236

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME REVELS, CLAYTON E
STREET ADDRESS PO BOX 158 N/A
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE STD ☐ DELETE

NAME REVELS, MILDRED M
STREET ADDRESS PO BOX 158 N/A
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE D ☐ DELETE

NAME BAKER, TRINA REVELS
STREET ADDRESS P.O. BOX 1186 N/A
CITY-ST-ZIP

TITLE ☐ DELETE

NAME GREEN COVE SPRINGS, FL 32043
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BROWN, RHONDA R. N/A
STREET ADDRESS P. O. BOX 158
CITY-ST-ZIP

TITLE ☐ DELETE

NAME GREEN COVE SPRINGS, FL 32043
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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:

Mildred M. Revels S-T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 19,

1996

Date

Deputy Phone #

CR2E034 (12/95)