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 JAN 23 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085806 (6)

1. Corporation Name
REVELEY RESOURCES, INC.

Principal Place of Business	Mailing Address
4201 WAYSIDE WILLOW CT. TAMPA FL 33624	4201 WAYSIDE WILLOW CT. TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business	2a. Mailing Address
21 3505 FRONTAGE ROAD	26 3505 FRONTAGE ROAD
22 Suite, Apt. #, etc. 125	27 Suite, Apt. #, etc. 125
23 City & State TAMPA FL	28 City & State TAMPA FL
24 Zip 33607 25 Country HILLSBOROUGH	29 Zip 33607 30 Country HILLSBOROUGH

4. FEI Number: 59-3216502 ☐ 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

9. Name and Address of Current Registered Agent

SMITH, TREVOR G
4201 WAYSIDE WILLOW CT.
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name TREVOR G. SMITH
82 Street Address (P.O. Box Number Is Not Acceptable) 4234 FAIRWAY CIRCLE
83
84 City TAMPA FL 85 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, TREVOR G 4201 WAYSIDE WILLOW CT. TAMPA FL 33624	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT & DIRECTOR TREVOR G. SMITH 4234 FAIRWAY CIRCLE TAMPA FL 33624	☒ Change ☐ Addition
		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT NOLA R. SMITH 4234 FAIRWAY CIRCLE TAMPA, FL 33624	☐ Change ☒ Addition
		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	$87 1/25	☐ Change ☐ 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)(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: Trevor G. Smith Trevor G. Smith 1-17-95 813-258-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300006 CP