

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
08 JUN -5 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035020 (3)

1. Corporation Name
DAN REEVES ENTERPRISES, INC.



Principal Place of Business: ~~20 AVE D, SUITE 205 APALACHICOLA FL 32320~~
203 Highway 98 Eastpoint, FL 32328

Mailing Address: ~~P O BOX 208 20TH AVE D STE 205 APALACHICOLA FL 32320~~
US 203 Highway 98 Eastpoint, FL 32328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **32328**
21 **203 Highway 98, Eastpoint**
Suite, Apt. #, etc.

2a. Mailing Address: **32328**
26 **203 Highway 98, Eastpoint**
Suite, Apt. #, etc.

22 **NA**
City & State

27 **n/a**
City & State

23 **Eastpoint, FL**
Zip Country

28 **Eastpoint, FL**
Zip Country

24 **32328** 25 **Franklin** 29 **32328** 30 **U.S.**

3. Date Incorporated or Qualified
05/04/1995

4. FEI Number
59-3318514

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
REEVES, DANNY L
~~20 AVE D, SUITE 205 APALACHICOLA FL 32320~~
203 Highway 98 Eastpoint, FL 32328

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.002 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 *Dan Reeves* **Dan Reeves, President** **5.6.98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PTSD REEVES, DANNY L**

STREET ADDRESS **20 AVE D P O BOX 208 203 Highway 98**

CITY-ST-ZIP **APALACHICOLA FL Eastpoint, FL 32328**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **300002557783--1**

1.3 STREET ADDRESS **-06/12/98--01012--019**

1.4 CITY-ST-ZIP ******150.00 ****150.00**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 *Dan Reeves* **5.6.98** **REEVES, DANNY L**

CR2E034 (10/97)