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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000059698 (6)

REVELL AND ASSOCIATES. INC.

Principal Place of Business Mailing Address P.O. BOX 1383 P.O. BOX 1383 WAUCHULA FL 33873-1383 WAUCHULA FL 33873 3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 revell, G. Lynn 322 S. 10TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) WAUCHULA FL 33873 83 City 85 Zip Code 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 the applications of Society 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. (96/6) DELETE Change Addition 1.1 TITLE THE REVELL, G. LYNN 12 NAME NAME P.O. BOX 1383 STREET ADDRESS 1.3 STREET ADDRESS WAUCHULA FL 33873 1.4 CITY - \$T - ZIP CHTY-ST-ZIP DELETE Change Addition Tille 2.1 TITLE REVELL, CONSTANCE 2.2 NAME P.O. BOX 1383 2.3 STREET ADDRESS STREET ADDRESS Wauchula Fl 33873 2 4 CITY-ST-ZIP CITY ST-7P DELETE Change Addition 31 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CHY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAMI STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CHY-ST ZE DELETE Change Addition 6.1 TITLE TOLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. If do 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 regulared by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

CHTY - S1 - ZIF

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Low Steel 1/1897

**FILED** 

May 08 1997 8:00am

Secretary of State