

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003322

Entity Name: REVELS CONTRACTING SERVICES, INC.**Current Principal Place of Business:**5620 GALLAGHER DRIVE
GASTONIA, NC 28052**Current Mailing Address:**5620 GALLAGHER DRIVE
GASTONIA, NC 28052**FEI Number: 56-1839338****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	REVELS, JAMES G
Address	HAMPTON OAKS LANE
City-State-Zip:	CHARLOTTE NC 28270

Title	ASSISTANT SECRETARY, DIRECTOR
Name	BROWN, JAMES G
Address	1280 CARPENTER SPRINGS DRIVE
City-State-Zip:	DALLAS NC 28034

Title	TREASURER, DIRECTOR
Name	CRISP, ANGELA R
Address	1452 ALEXIS HIGH SHOALS ROAD
City-State-Zip:	DALLAS NC 28034

Title	SECRETARY, DIRECTOR
Name	REVELS, JAMES E.
Address	15 WRIGHT AVENUE
City-State-Zip:	YORK SC 29745

Title	AUTHORIZED SIGNER
Name	LEAHY, JOANNA
Address	5620 GALLAGHER DRIVE
City-State-Zip:	GASTONIA NC 28052

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNA LEAHY**AUTHORIZED SIGNER****04/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date