PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 31 PM 12:10
10/30/02 01043 011 **150.00

DOCUMENT # **432326**

1. Corporation Name

SHELTON TRUCKING SERVICE, INC.

Principal Place of Business	Mailing Address
ROUTE 1. BOX 219 ALTHA FL 32421	RT 3 BOX 219 ALTHA FL 32421

2002 VBR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 24058 NW SR 73	Suite, Apt. #, etc. PO Box 68
City & State Altha FL	City & State Altha FL
Zip 32421 Country USA	Zip 32421 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/1973

5. FEI Number: 59-1496960 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHELTON, RANDY	~~RT. 1, BOX 219~~ PO Box 68	ALTHA FL 32421
VD	TOMLINSON, JOHN JR.	829 HENTZ AVE	BLOUNTSTOWN FL 32424
ES	DIGSBY, FELECIA	20176 NE ~~MENTZ~~ Hentz AVE	BLOUNTSTOWN FL 32424
VD	Garnett, Charles	Rt. 1 Box 365B	Altha FL 32421

8. Name and Address of Current Registered Agent

SHELTON, RANDY
~~ROUTE 1, BOX 219~~ ~~PO Box 68~~ 24058 NW SR 73
ALTHA FL 32421

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of *Registered Agent* Randy Shelton Date 10/29/02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

John H Tomlinson Jr.

SIGNATURE: Felecia Digsby Felecia Digsby 10/25/02 850-762-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PHONE (850) 762-3201
HIGHWAY 73
ICC MC 124887

SHELTON
INC.
TRUCKING SERVICE

ALTHA, FLORIDA 32421-9712
P. O. BOX 68

2482

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing this letter to request that the reinstatement fee be waived for Shelton Trucking Service, Inc. We did not receive the two prior uniform business report notices. We failed to notify you of an address change issued to us by the county for 911 services. If you have any questions, please feel free to call me at 850-762-3201 ext. 220.

Sincerely,

Felecia Digsby

Felecia Digsby
Executive Secretary