

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

FILED
Aug 01 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # 455784 1. Corporation Name Peavy & Son Construction Co., Inc. | | | |
| Principal Place of Business Route 4, Box 2090 Havana, Florida 32333 | | Mailing Address SAME | |
| 2. Principal Place of Business 21 Havana, Florida Suite, Apt. #, etc. | | 2a. Mailing Address 26 Route 4, Box 2090 Suite, Apt. #, etc. | |
| 22 City & State 23 Havana, Florida | | 27 City & State 28 Florida | |
| 24 Zip 32333 | | 29 Zip 32333 | |
| Country 25 Gadsden | | Country 30 Gadsden | |
| 9. Name and Address of Current Registered Agent Elke Allen Tallahassee, Florida ----Delete | | 10. Name and Address of New Registered Agent 81 Name M.D. Peavy III, President 82 Street Address (P.O. Box Number is Not Acceptable) 1810 Sageway Drive 83 84 City Tallahassee FL 85 Zip Code 32303 | |
| 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 <i>M.D. Peavy III</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1. TITLE President <input type="checkbox"/> DELETE | | 1.1 TITLE Comptroller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 2. NAME M.D. Peavy III | | 1.2 NAME Bonnie McNeil | |
| 3. STREET ADDRESS 1810 Sageway Drive | | 1.3 STREET ADDRESS 2750 Old St Augustine Rd. B-14 | |
| 4. CITY-ST-ZIP Tallahassee, 32303 | | 1.4 CITY-ST-ZIP Tallahassee, Florida 32301 | |
| 5. TITLE Vice-President <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6. NAME M.D. Peavy IV | | 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 7. STREET ADDRESS Tallahassee, Florida | | 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 8. CITY-ST-ZIP Tallahassee, Florida | | 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 9. TITLE Secretary/Treasurer <input type="checkbox"/> DELETE | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 10. NAME Gloria Peavy | | 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. STREET ADDRESS Route 4, Box 2190 | | 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. CITY-ST-ZIP Havana, Florida 32333 | | 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 13. TITLE Comptroller <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 14. NAME Elke Allen | | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 15. STREET ADDRESS Tallahassee, Florida | | 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 16. CITY-ST-ZIP Tallahassee, Florida | | 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 17. TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 18. NAME <input type="checkbox"/> DELETE | | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 19. STREET ADDRESS <input type="checkbox"/> DELETE | | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 20. CITY-ST-ZIP <input type="checkbox"/> DELETE | | 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 21. TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 22. NAME <input type="checkbox"/> DELETE | | 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 23. STREET ADDRESS <input type="checkbox"/> DELETE | | 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 24. CITY-ST-ZIP <input type="checkbox"/> DELETE | | 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 14. I 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 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: <i>Gloria Peavy</i> 6-26-97 539-5019 | | | |

CR2E034 (9/96)