

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 455784

1. Corporation Name

PEAVY & SON CONSTRUCTION CO., INC.

Principal Place of Business

US 27 NORTH
ROUTE 4, BOX 2090
HAVANA FL 32333

Mailing Address

US 27 NORTH
ROUTE 4, BOX 2090
HAVANA FL 32333

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90119 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1974

4. FEI Number

59-1576957

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

PEAVY, M D III

~~1810 SAGEWAY DR.~~

~~TALLAHASSEE FL 32309~~

81 Name

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

RT 4 BOX 2090

83

84 City HAVANA

FL

85 Zip Code 32333

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

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 PD ☐ DELETE

NAME PEAVY, MAGNUS D III

STREET ADDRESS 1810 SAGEWAY DR

CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME PEAVY, MAGNUS D JR.

STREET ADDRESS RT 4 BOX 2160

CITY-ST-ZIP HAVANA FL

TITLE ST ☒ DELETE

NAME PEAVY, GLORIA

STREET ADDRESS ROUTE 4, BOX 2100

CITY-ST-ZIP HAVANA FL 32333

TITLE C ☐ DELETE

NAME MCNEIL, BONNIE

STREET ADDRESS ROUTE 4, BOX 2342-1

CITY-ST-ZIP HAVANA FL 32333

TITLE V ☐ DELETE

NAME PEAVY, MAGNUS D. IV

STREET ADDRESS 5451 SOMBRA DEL LAGO DR

CITY-ST-ZIP TALLAHASSEE FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

RT 4 BOX 1500
HAVANA FL 32333

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ASSISTANT-SECRETARY

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TERESA A SANDERS

RT 4 BOX 2342

HAVANA FL 32333

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SECRETARY-TREASURER

3641 CAPITAL CIRCLE NW

TALLAHASSEE FL 32333

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

45 MONCOUPE CIRCLE

PANACEA FL 32346

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Bonnie McNeil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 (850) 539-5019
Date Daytime Phone #

CR2E034 (1/98)

0055502