

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008
CORPORATION
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 15 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000038491

1. Corporation Name

Peavy Trucking, Inc.

2. Principal Office Address - No P.O. Box #

4947 Shady Creek Drive

Suite, Apt. #, etc.

City & State

Keystone Heights, FL

Zip

32656

Country

Clay

3. Mailing Office Address

4937 Shady Creek Crive

Suite, Apt. #, etc.

City & State

Keystone Heights, FL

Zip

32656

Country

Clay

100134597391
08/19/08--01020--015 **150.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/97

5. FEI Number

59-3448249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jimmy D. Peavy

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

4947 Shady Creek Drive

Suite, Apt. #, Etc.

City

Keystone Heights

State

FL

Zip Code

32656

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/07/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Jimmy D. Peavy	4947 Shady Creek Drive	Keystone Heights, FL 32656
VPres.	HF Peavy	4932 Shady Creek Drive	Keystone Heights, FL 32656
Sec/Tres	Stacy L. Peavy	4947 Shady Creek Drive	Keystone Heights, FL 32656

10. 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 contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy D. Peavy 352-473-9580

Date

Daytime Phone #