

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

FILED
Apr 16 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 # 814800 (9)
1. Corporation Name
HAVERTY FURNITURE COMPANIES, INC.



Principal Place of Business: 866 WEST PEACHTREE STREET N.W. ATLANTA GA 30308
Mailing Address: 866 WEST PEACHTREE STREET N.W. ATLANTA GA 30308-1123

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/17/1960	05/01/1996
22 City & State	27 City & State	4. FEI Number	Applied for Not Applicable
23 Zip	28 Country	58-0281900	5. Certificate of Status Desired <input type="checkbox"/>
24	25		\$8.75 Additional Fee Required
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
			\$5.00 May Be Added to Fees
			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERTY, RAWSON	1.2 NAME	
STREET ADDRESS	3740 PACES VALLEY RD, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	PCE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, JR. J	2.2 NAME	
STREET ADDRESS	9450 LANTERN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, JR. H	3.2 NAME	
STREET ADDRESS	4555 HUNTRIDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	3.4 CITY-ST-ZIP	
TITLE	SV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINK, DENNIS L.	4.2 NAME	
STREET ADDRESS	1502 WAYNESBOROUGH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CLARENCE H.	5.2 NAME	
STREET ADDRESS	3301 HABERSHAM ROAD, N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERTY JR., RAWSON	6.2 NAME	
STREET ADDRESS	199 14TH STREET, APT. 3004	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

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. 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: *Dan C. Bryant* DAN C. BRYANT 4/11/97

CR2E034 (9/96)