

3/12/98 B-342 C
 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
 Mar 12 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 831230 (8)
 1. Corporation Name
 MCRAE'S, INC.



Principal Place of Business: 3455 U.S. HIGHWAY 80 WEST, POST OFFICE BOX 20080, JACKSON MS 39209
 Mailing Address: 3455 U.S. HIGHWAY 80 WEST, POST OFFICE BOX 20080, JACKSON MS 39209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	11/06/1973	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
City & State		City & State		64-0202140	
23	24	28	29	Applied For	
Zip	Country	Zip	Country	Not Applicable	
35211		35211	U.S.	5. Certificate of Status Desired <input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				\$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				\$5.00 May Be Added to Fees	
81 Name				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	
				85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COGGIN, JAMES A.		1.2 NAME	Dawn Robertson	
STREET ADDRESS	3455 HWY 80 W		1.3 STREET ADDRESS	3455 Hwy 80 W	
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP	Jackson MS 39209	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BRIAN		2.2 NAME		
STREET ADDRESS	750 LAKESHORE PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, JULIA		3.2 NAME		
STREET ADDRESS	115 N CALDERWOOD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALCOA TN		3.4 CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTHARP, DOUG		4.2 NAME		
STREET ADDRESS	750 LAKESHORE PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Coggin		5.2 NAME	James Coggin	
STREET ADDRESS			5.3 STREET ADDRESS	3455 Hwy 80 W	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jackson, MS 39209	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	Brad Martin	
STREET ADDRESS			6.3 STREET ADDRESS	3455 Hwy 80 W	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jackson, MS 39209	

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.

SIGNATURE: Brian Martin EUP 3-2-98 205-940-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0522168

CR2E034 (10/97)