

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 # 831230

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
**750 LAKESHORE PKWY
BIRMINGHAM AL 35211
US**

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

05-07-1999 90128 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1973

4. FEI Number

64-0202140

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81 Name

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

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 **P** ☒ DELETE
NAME **ROBERTSON, DAWN**
STREET ADDRESS **3455 HWY 80 W**
CITY-ST-ZIP **JACKSON MS 39209**

TITLE **VP** ☐ DELETE
NAME **MARTIN, BRIAN**
STREET ADDRESS **750 LAKESHORE PKWY**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **SD** ☐ DELETE
NAME **BENTLEY, JULIA**
STREET ADDRESS **115 N CALDERWOOD**
CITY-ST-ZIP **ALCOA TN**

TITLE **CFO** ☐ DELETE
NAME **COLTHARP, DOUG**
STREET ADDRESS **750 LAKESHORE PKWY**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **D** ☐ DELETE
NAME **COGGIN, JAMES**
STREET ADDRESS **3455 HWY 80 W**
CITY-ST-ZIP **JACKSON MS 39209**

TITLE **D** ☒ DELETE
NAME **MARTIN, BRAD**
STREET ADDRESS **3455 HWY 80 W**
CITY-ST-ZIP **JACKSON MS 39209**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/S** ☐ Change ☒ Addition
1.2 NAME **CHARLES J. HANSEN**
1.3 STREET ADDRESS **750 LAKESHORE PARKWAY**
1.4 CITY-ST-ZIP **BIRMINGHAM, AL 35211**

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME **BRIAN J. MARTIN**
2.3 STREET ADDRESS **750 LAKESHORE PARKWAY**
2.4 CITY-ST-ZIP **BIRMINGHAM, AL 35211**

3.1 TITLE **V/T** ☒ Change ☐ Addition
3.2 NAME **JAMES SCULLY**
3.3 STREET ADDRESS **750 LAKESHORE PARKWAY**
3.4 CITY-ST-ZIP **BIRMINGHAM, AL 35211**

4.1 TITLE **Y** ☒ Change ☐ Addition
4.2 NAME **DOUGLAS COLTHARP**
4.3 STREET ADDRESS **750 LAKESHORE PARKWAY**
4.4 CITY-ST-ZIP **BIRMINGHAM, AL 35211**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **V/S** ☐ Change ☒ Addition
6.2 NAME **BRADLEY R. MAYS**
6.3 STREET ADDRESS **750 LAKESHORE PARKWAY**
6.4 CITY-ST-ZIP **BIRMINGHAM, AL 35211**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADLEY R. MAYS

Date

Daytime Phone #

(205)940-4745

CR2E034 (11/98)