

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

FILED
Mar 04 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 # 851707 (0)

1. Corporation Name
MOORE-HANDLEY, INC.

Principal Place of Business 3140 PELHAM PKWY PELHAM AL 35124 US	Mailing Address PO BOX 2607 BIRMINGHAM AL 35202-2607 US
---	---



21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

3. Date Incorporated or Qualified 01/27/1982	3a. Date of Last Report 02/27/1996
4. FEI Number 63-0819773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____
(NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, WILLIAM	1.2 NAME	
STREET ADDRESS	745 FIFTH AVENUE	1.3 STREET ADDRESS	590 Madison Avenue, 26th Floor
CITY-STATE-ZIP	NEW YORK NY	1.4 CITY-STATE-ZIP	New York, NY 10022
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, PIERCE E., JR	2.2 NAME	(add zip code)
STREET ADDRESS	133 PEACHTREE ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ATLANTA GA 30303	2.4 CITY-STATE-ZIP	Atlanta, GA 30303
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS, MICHAEL B	3.2 NAME	(add zip code)
STREET ADDRESS	345 PARK AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10154	3.4 CITY-STATE-ZIP	New York, NY 10154
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, L WARD	4.2 NAME	(add Zip code)
STREET ADDRESS	133 PEACHTREE ST.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ATLANTA GA 30303	4.4 CITY-STATE-ZIP	Atlanta, GA 30303
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUVONEN, RONALD J.	5.2 NAME	(add zip code)
STREET ADDRESS	920 E BALTIMORE PIKE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	KENNETT SQUARE PA 19348	5.4 CITY-STATE-ZIP	Kennett Square, PA 19348
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, EMERY H.	6.2 NAME	
STREET ADDRESS	PO BOX 2607	6.3 STREET ADDRESS	3140 Pelham Parkway
CITY-STATE-ZIP	BIRMINGHAM AL	6.4 CITY-STATE-ZIP	Pelham, AL 35124

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; 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 in an attachment with an address.

SIGNATURE:  **L. Ward Edwards, Vice President, Finance 404 577-5530**

CR2E034 (9/96)