

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851707 (O)
 1. Corporation Name
MOORE-HANDLEY, INC.

Principal Place of Business #110 Pelham Pkwy Pelham, AL 35124 US	Mailing Address P. O. Box 2607 Birmingham, AL 35202-2607 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
01/27/1982

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT Corporation
~~Plantation, FL 33324~~
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
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 _____ (NOTE: Registered Agent's signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	CD Riley, William
STREET ADDRESS	590 Madison Avenue, 26th Floor
CITY-ST-ZIP	New York, NY 10022
TITLE	<input type="checkbox"/> DELETE
NAME	D Marks, Pierce E., Jr.
STREET ADDRESS	133 Peachtree St. Suite 4810
CITY-ST-ZIP	Atlanta, GA 30303
TITLE	<input type="checkbox"/> DELETE
NAME	D Stubbs, Michael B.
STREET ADDRESS	345 Park Avenue
CITY-ST-ZIP	New York, NY 10154
TITLE	<input type="checkbox"/> DELETE
NAME	ST Edwards, L. Ward
STREET ADDRESS	133 Peachtree St. Suite 4810
CITY-ST-ZIP	Atlanta, GA 30303
TITLE	<input type="checkbox"/> DELETE
NAME	D Juvonen, Ronald J.
STREET ADDRESS	920 E. Baltimore Pike
CITY-ST-ZIP	Kennett Square, PA 19348
TITLE	<input type="checkbox"/> DELETE
NAME	P Gaines, Michael J.
STREET ADDRESS	3140 Pelham Parkway
CITY-ST-ZIP	Pelham, AL 35124

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(added suite number 4810)
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	(added suite number 4810)
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	300002524563
5.4 CITY-ST-ZIP	-05/15/98-01008-012
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***150.00
6.3 STREET ADDRESS	(new President shown at left)
6.4 CITY-ST-ZIP	

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 the report, or an amendment thereto, has an address.

SIGNATURE: *L. Ward Edwards* **L. Ward Edwards, Vice President, Finance 404 577-5530**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)