

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90086 005 \*\*\*\*50.00

**DOCUMENT # M03000002896**

1. Entity Name  
J.H. HARVEY CO., LLC



Principal Place of Business  
727 SOUTH DAVIS ST  
NASHVILLE, GA 31639

Mailing Address  
ATTN: CARLA KIMREY  
P.O. BOX 1330  
SALISBURY, NC 28145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
05-0582869

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIXON, R. GLENN JR	
STREET ADDRESS	2100 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY, NC 281479007	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	LYDA, KIMBERLY A	
STREET ADDRESS	2100 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY, NC 281479007	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	GOODRICH, ALAN O	
STREET ADDRESS	2100 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY, NC 281479007	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	ENSLEY, BENNY W	
STREET ADDRESS	727 SOUTH DAVIS ST	
CITY-ST-ZIP	NASHVILLE, GA 31639	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	KEEFFE, ELMER O	
STREET ADDRESS	727 SOUTH DAVIS ST	
CITY-ST-ZIP	NASHVILLE, GA 31639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Anicetti	
STREET ADDRESS	2110 Executive Dr.	
CITY-ST-ZIP	Salisbury, NC 28147	
TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Linn Evans	
STREET ADDRESS	2110 Executive Dr.	
CITY-ST-ZIP	Salisbury, NC 28147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

G Linn Evans

7/17/06

Date

104-633-8250

Daytime Phone #