


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

FILED

Jan 28 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 # P01640 (2) 1. Corporation Name THE HARDAWAY COMPANY			
Principal Place of Business 945 BROADWAY P.O. BOX 1360 COLUMBUS GA 31901		Mailing Address 945 BROADWAY P.O. BOX 1360 COLUMBUS GA 31901-2731	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 04/17/1984		3a. Date of Last Report 03/28/1996	
4. FEI Number 63-0786586		Applied For 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 checked="" 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 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: <i>[Signature]</i> DATE: 1-20-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	DELETED	
STREET ADDRESS	BLANCHARD, JAMES H		
CITY-STATE-ZIP	6200 MOUNTAINVIEW DR COLUMBUS GA		
TITLE	NAME	DELETED	
STREET ADDRESS	CD HARDAWAY, B.H., III		
CITY-STATE-ZIP	8301 BIG SHINN ROAD MIDLAND GA		
TITLE	NAME	DELETED	
STREET ADDRESS	PD LAMPTON, MASON H.		
CITY-STATE-ZIP	8001 FULTON RD. UPATOI GA 31829		
TITLE	NAME	DELETED	
STREET ADDRESS	V LINDSEY, BETTY J.		
CITY-STATE-ZIP	1292 HUBBARD RD. COLUMBUS GA		
TITLE	NAME	DELETED	
STREET ADDRESS	S DODELIN, FRED J.		
CITY-STATE-ZIP	1191 TERRY LANE FORTSON GA 31808		
TITLE	NAME	DELETED	
STREET ADDRESS	T RENFROE, RONALD G		
CITY-STATE-ZIP	6730 RANCH FOREST DR COLUMBUS GA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	NAME	1.2 NAME	1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP	John W Springer	7883-B Warm Springs Road	Columbus, GA 31820
2.1 TITLE	NAME	2.2 NAME	2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP			
3.1 TITLE	NAME	3.2 NAME	3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP			
4.1 TITLE	NAME	4.2 NAME	4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP			
5.1 TITLE	NAME	5.2 NAME	5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP			
6.1 TITLE	NAME	6.2 NAME	6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP			

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

706-322-3274

Daytime Phone #

0013677

CR2E034 (9/96)