

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15034 (2)

1. Corporation Name

J.H. HARVEY COMPANY

Principal Place of Business

727 SOUTH DAVIS STREET
NASHVILLE GA 31639

Mailing Address

727 SOUTH DAVIS STREET
NASHVILLE GA 31639



3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

58-0571516

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROCTOR, M. JULIAN, JR.
227 S. CALHOUN ST.
P.O. BOX 391
TALLAHASSEE FL 32302

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

M. Julian Proctor Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

☐ DELETE

NAME

HARVEY, J.H., JR.

STREET ADDRESS

RT. 2 BOX 646

CITY-ST-ZIP

NASHVILLE GA

TITLE

PD

☐ DELETE

NAME

HARVEY, J.H., III

STREET ADDRESS

TIFTON HIGHWAY

CITY-ST-ZIP

NASHVILLE GA

TITLE

VD

☐ DELETE

NAME

PEEL, IRIS S.

STREET ADDRESS

1440 PINE CIRCLE, NW

CITY-ST-ZIP

CAIRO GA

TITLE

AS

☐ DELETE

NAME

KEEFEE, ELMER C.

STREET ADDRESS

803 ESTATE PLACE

CITY-ST-ZIP

NASHVILLE GA

TITLE

V

☒ DELETE

NAME

MURPHY, MAX M.

STREET ADDRESS

OLD CECIL RD

CITY-ST-ZIP

NASHVILLE GA

TITLE

SD

☐ DELETE

NAME

HARVEY, NANCY

STREET ADDRESS

TIFTON HWY

CITY-ST-ZIP

NASHVILLE GA

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Elmer C. Keefe

ASSISTANT SECRETARY

JANUARY 16, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)