

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US	Mailing Address 727 SOUTH DAVIS STREET NASHVILLE GA 31639 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/30/1987	4. FEI Number 58-0571516	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	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
22. City & State	27. City & State	23. Zip	24. Country	25. Country
26. Zip	27. Country	28. Zip	29. Country	30. Country

9. Name and Address of Current Registered Agent PROCTOR, M. JULIAN, JR. 227 S. CALHOUN ST. P.O. BOX 391 TALLAHASSEE FL 32302	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 _____ (Signature typed or printed name of registered agent or state applicator) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, J.H., JR.	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 646	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE GA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, J.H., III	2.2 NAME	
STREET ADDRESS	TIFTON HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE GA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEL, IRIS S.	3.2 NAME	
STREET ADDRESS	1440 PINE CIRCLE, NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAIRO GA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFEE, ELMER C.	4.2 NAME	
STREET ADDRESS	803 ESTATE PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE GA	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, NANCY	5.2 NAME	
STREET ADDRESS	TIFTON HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 named, or on an attachment with an address.

SIGNATURE: *Elmer C. Keefe* **ELMER C. KEEFFE** FEBRUARY 4, 1998 (912) 686-7654

CR2E034 (10/97)