

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

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P15034**

1. Corporation Name  
**J.H. HARVEY COMPANY**

02-10-1999 90074 022 \*\*\*150.00



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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 58-0571516

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax.  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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/22/99

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

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE PD  DELETE  
 NAME HARVEY, J.H., III  
 STREET ADDRESS TIFTON HIGHWAY  
 CITY-ST-ZIP NASHVILLE GA

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME PEEL, IRIS S.  
 STREET ADDRESS 1440 PINE CIRCLE, NW  
 CITY-ST-ZIP CAIRO GA

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE AS  DELETE  
 NAME KEEFEE, ELMER C.  
 STREET ADDRESS 803 ESTATE PLACE  
 CITY-ST-ZIP NASHVILLE GA

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME HARVEY, NANCY  
 STREET ADDRESS TIFTON HWY  
 CITY-ST-ZIP NASHVILLE GA

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elmer C. Keefee*

ELMER C. KEEFFE

1/19/99

912-686-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)