

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90048 035 ***150.00

0594268 AT

DOCUMENT # P15034

1. Entity Name
J.H. HARVEY COMPANY

Principal Place of Business Mailing Address
727 SOUTH DAVIS STREET 727 SOUTH DAVIS STREET
NASHVILLE, GA 31639 NASHVILLE, GA 31639
US. US.

B0034716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-0571516**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
 NAME **HARVEY, J.H., JR.**
 STREET ADDRESS **727 S DAVIS ST**
 CITY-ST-ZIP **NASHVILLE GA 31639**

TITLE **P/C/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **IRIS H. SMITH**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **KEEFEE, ELMER C.**
 STREET ADDRESS **803 ESTATE PLACE**
 CITY-ST-ZIP **NASHVILLE GA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **W. BENNY ENSLEY**
 STREET ADDRESS **727 SOUTH DAVIS ST.**
 CITY-ST-ZIP **NASHVILLE, GA 31639**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ELMER C. KEEFFE** **ELMER C. KEEFFE, COMPTROLLER & SECRETARY (229)686-7654**
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FEBRUARY 14, 2002** Daytime Phone #

CR2E034 (9/01)