

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P24127 (3)

1. Corporation Name

HARDAWAY MANAGEMENT COMPANY, INC.



Principal Place of Business

Mailing Address

**615 MAIN STREET
P.O. BOX 60484
NASHVILLE TN 37206**

**615 MAIN STREET
P.O. BOX 60484
NASHVILLE TN 37206**

3. Date Incorporated or Qualified
05/02/1989

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

21 []
Suite, Apt #, etc.
22 []
City & State
23 []
Zip Country
24 [] 25 []

2a. Mailing Address

26 []
Suite, Apt #, etc.
27 []
City & State
28 []
Zip Country
29 [] 30 []

4. FEI Number
62-1256689 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

**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

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, CHARLES C.	
STREET ADDRESS	615 MAIN STREET	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARTER, DEAN T.	
STREET ADDRESS	615 MAIN STREET	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FUQUA, RICK	
STREET ADDRESS	615 MAIN STREET	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDAWAY, L.H., JR.	
STREET ADDRESS	615 MAIN STREET	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOAN, KERRY P.	
STREET ADDRESS	615 MAIN STREET	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Walter R. Fuqua* (Walter R. Fuqua)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

416-96
Date

615-254-8986
Dialing Prefix

CR2E034 (12/95)