

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000444

Entity Name: HODGES, HARBIN, NEWBERRY & TRIBBLE, INCORPORATED**Current Principal Place of Business:**3920 ARKWRIGHT ROAD
101
MACON, GA 31210**Current Mailing Address:**3920 ARKWRIGHT ROAD
101
MACON, GA 31210**FEI Number:** 58-1914982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PC
Name	TRIBBLE, H LJR
Address	3920 ARKWRIGHT ROAD, SUITE 101
City-State-Zip:	MACON GA 31210

Title	S
Name	HODGES, WILLIAM F
Address	3920 ARKWRIGHT ROAD, SUITE 101
City-State-Zip:	MACON GA 31210

Title	D
Name	STUBBS, WILLIAM M
Address	3920 ARKWRIGHT ROAD, SUITE 101
City-State-Zip:	MACON GA 31210

Title	D
Name	LANE, ROBERT B
Address	12 E. GRADY STREET
City-State-Zip:	STATESBORO GA 30458

Title	D
Name	CLINT, COURSON
Address	3920 ARKWRIGHT ROAD, SUITE 101
City-State-Zip:	MACON GA 31210

Title	D
Name	CHEEK, KENNETH M
Address	3920 ARKWRIGHT ROAD, SUITE 101
City-State-Zip:	MACON GA 31210

Title	DIRECTOR
Name	CHEEK, DANIEL
Address	3920 ARKWRIGHT ROAD 101
City-State-Zip:	MACON GA 31210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: H. LOWRY TRIBBLE, JR.**PRESIDENT****02/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date