

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 22 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856854 (5)

1. Corporation Name
HARBERT-YEARGIN INC.

Principal Place of Business: **105 EDINBURG COURT
P.O. BOX 6508
GREENVILLE SC 29606**
Mailing Address: **105 EDINBURG COURT
P.O. BOX 6508
GREENVILLE SC 29606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/22/1983**
3a. Date of Last Report: **05/10/1994**

4. FEI Number: **84-0880124**
Applied For: Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS, WILLIAM R.
STREET ADDRESS	208 HONEY HORN DRIVE
CITY-ST-ZIP	SIMPSONVILLE SC
TITLE	PD
NAME	DUNN, JEROME RICHARD
STREET ADDRESS	208 E. SEVEN OAKS
CITY-ST-ZIP	GREENVILLE SC
TITLE	VP
NAME	FRANCH, ALBERT ROY
STREET ADDRESS	2697 S. LEWISTON
CITY-ST-ZIP	AURORA CO
TITLE	TCD
NAME	BIRD, WILLIAM CARL
STREET ADDRESS	391 GAIL AVENUE
CITY-ST-ZIP	GREER, SC.
TITLE	S
NAME	HIGGINS, JAMES C., JR.
STREET ADDRESS	501 CHESTNUT LANE
CITY-ST-ZIP	WAYNE PA
TITLE	AS
NAME	FISCHER, MARVIN R
STREET ADDRESS	110 RICELAN
CITY-ST-ZIP	SIMPSONVILLE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASST TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELIZABETH LANGHAM	
1.3 STREET ADDRESS	P.O. Box 843	
1.4 CITY-ST-ZIP	DEVON PA 17333	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES A. HOPKINS	
2.3 STREET ADDRESS	103 Pebble Creek Way	
2.4 CITY-ST-ZIP	TAYLORS, S.C. 27687	
3.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT MARSHALL	
3.3 STREET ADDRESS	64 Brook side DR	
3.4 CITY-ST-ZIP	UPPER SABLE RIVER, NC. 07458	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN M. HARBERT III	
4.3 STREET ADDRESS	2700 WOOD RIDGE RD	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35223	
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Carl Buef*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95

807-242-6160

Date

Telephone