

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

**FILED**  
**Jul 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 856854 (5)**

1. Corporation Name  
**HARBERT-YEARGIN INC.**



Principal Place of Business <b>100 CORPORATE PARKWAY                  BIRMINGHAM AL 35242                  US</b>	Mailing Address <b>100 CORPORATE PARKWAY                  BIRMINGHAM AL 35242                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1200 CORPORATE DR.</b> Suite, Apt. #, etc. 22 <b>1200 SUITE 450</b> City & State 23 <b>BIRMINGHAM AL</b> Zip Country 24 <b>35242</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. BOX 350804</b> Suite, Apt. #, etc. 27 City & State 28 <b>BIRMINGHAM, AL</b> Zip Country 29 <b>35298</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>06/22/1983</b>	4. FEI Number <b>84-0880124</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS, WILLIAM R.</b>	
STREET ADDRESS	<b>208 HONEY HORN DRIVE</b>	
CITY-ST-ZIP	<b>SIMPSONVILLE SC</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, DONALD D.</b>	
STREET ADDRESS	<b>126 CLAUDE FRANCES DRIVE</b>	
CITY-ST-ZIP	<b>RIEKENS GO</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTOX, N TUCKER</b>	
STREET ADDRESS	<b>804 TULIP OPLAR LANE</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>VI</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BIRD, WILLIAM CARL</b>	
STREET ADDRESS	<b>891 GAIL AVENUE</b>	
CITY-ST-ZIP	<b>GREER, SC</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HIGGINS, JAMES C., JR.</b>	
STREET ADDRESS	<b>501 CHESTNUT LANE</b>	
CITY-ST-ZIP	<b>WAYNE PA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHER, MARVIN R</b>	
STREET ADDRESS	<b>110 RICELAN</b>	
CITY-ST-ZIP	<b>SIMPSONVILLE SC</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT &amp; CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GLOVER, ROY M</b>	
1.3 STREET ADDRESS	<b>14104 KENBY WAY</b>	
1.4 CITY-ST-ZIP	<b>BIRMINGHAM AL 35242</b>	
2.1 TITLE	<b>UPPER MERCHANDISE CONTROLLER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HARBDR, KENNETH L</b>	
2.3 STREET ADDRESS	<b>3704 WINGATE COVE</b>	
2.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL 35242</b>	
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	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WOLFE, JOSEPH H.</b>	
4.3 STREET ADDRESS	<b>17 PANTRY RD.</b>	
4.4 CITY-ST-ZIP	<b>SUDBURY, MA 01776</b>	
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 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)