

1.) CORPORATION NAME:

**HODGES, HARBIN, NEWBERRY & TRIBBLE, INC.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1272204**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3920 ARKWRIGHT ROAD  
SUITE 101

CITY/ST/ZIP: MACON, GA 31210

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	H LOWRY TRIBBLE JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3920 ARKWRIGHT ROAD		
	SUITE 101		
CITY/ST/ZIP/CO:	MACON, GA 31210		

NAME:	WILLIAM F HODGES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	3920 ARKWRIGHT ROAD		
	SUITE 101		
CITY/ST/ZIP/CO:	MACON, GA 31210		

NAME:	KENNETH MATTHEW CHEEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3920 ARKWRIGHT ROAD		
	SUITE 101		
CITY/ST/ZIP/CO:	MACON, GA 31210		

NAME:	DANIEL E CHEEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3920 ARKWRIGHT ROAD		
	SUITE 101		
CITY/ST/ZIP/CO:	MACON, GA 31210		

NAME:	CLINT COURSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3920 ARKWRIGHT ROAD		
	SUITE 101		
CITY/ST/ZIP/CO:	MACON, GA 31210		

NAME:	R. BRANT LANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3920 ARKWRIGHT ROAD		
CITY/ST/ZIP/CO:	SUITE 101 MACON, GA 31210		

NAME:	WILLIAM M. STUBBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3920 ARKWRIGHT ROAD		
CITY/ST/ZIP/CO:	SUITE 101 MACON, GA 31210		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ H LOWRY TRIBBLE JR	H LOWRY TRIBBLE JR,	10/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.