

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

Hargrove and Associates, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1850850**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20 S ROYAL ST

CITY/ST/ZIP: MOBILE, AL 36602

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.

<p>NAME: RALPH HARGROVE TITLE: PRESIDENT ADDRESS: 20 S ROYAL ST CITY/ST/ZIP/CO: MOBILE, AL 36602</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES BACKES TITLE: _EXEC VP ADDRESS: 20 S ROYAL ST CITY/ST/ZIP/CO: MOBILE, AL 36602</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SCOTT BERGOON TITLE: VICE PRESIDENT ADDRESS: 20 SOUTH ROYAL STREET CITY/ST/ZIP/CO: MOBILE, AL 36602</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PHILLIP HAMILTON TITLE: VICE PRESIDENT ADDRESS: 20 SOUTH ROYAL STREET CITY/ST/ZIP/CO: MOBILE, AL 36602</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM KISER TITLE: VICE PRESIDENT ADDRESS: 20 SOUTH ROYAL STREET CITY/ST/ZIP/CO: MOBILE, AL 36602</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICKI KOHN TITLE: VICE PRESIDENT ADDRESS: 20 SOUTH ROYAL STREET CITY/ST/ZIP/CO: MOBILE, AL 36602</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS BRIAN RHOADES VICE PRESIDENT 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM UPTIGROVE VICE PRESIDENT 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS WATSON SENIOR VP 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J.E.B. SHELL TREASURER 20 S ROYAL ST MOBILE, AL 36602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOMMY MCNEAL CIO 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI STUDSTILL SECRETARY 20 S ROYAL ST MOBILE, AL 36602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES BACKES DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT BERGOON DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILLIP HAMILTON DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH A HARGROVE DIRECTOR 20 S ROYAL ST MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM KISER DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICKI KOHN DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS BRIAN RHOADES DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WESLEY TEAGUE DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH WILSON DIRECTOR 20 SOUTH ROYAL STREET MOBILE, AL 36602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ J.E.B. SHELL	J.E.B. SHELL, TREASURER	2/19/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.			