

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **825604** (2)

1. Corporation Name
C-J. GAYFER & COMPANY, INCORPORATED



Principal Place of Business: **SPRINGDALE PLAZA, 9450 SEWARD RD, MOBILE AL 36606 US**
Mailing Address: **% MERCANTILE STORES CO., INC, 9450 SEWARD RD, FAIRFIELD OH 45014**

3. Date Incorporated or Qualified: **01/15/1971**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **63-0080060**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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. **Springdale Plaza**
22. **3250 Airport Blvd. Unit 6B**
23. **Mobile, AL**
24. **36606**
25. **United States**

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 **FL**

9. Name and Address of Current Registered Agent
81. **SMITH, DONALD**
82. **9TH AVENUE & BRENT LANE**
83. **PENSACOLA FL 32504**

I, Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P	1. TITLE	P/D
NAME	SHANNON, M G	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SPRINGDALE PLAZA	3. STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	4. CITY-ST-ZIP	
TITLE	VP	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETTE, R L	2.2 NAME	
STREET ADDRESS	9450 SEWARD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	2.4 CITY-ST-ZIP	
TITLE	CFOV	3. TITLE	V/D
NAME	MCVICKER, J.M.	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9450 SEWARD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	3.4 CITY-ST-ZIP	
TITLE	CD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, D. L.	4.2 NAME	
STREET ADDRESS	9450 SEWARD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	4.4 CITY-ST-ZIP	
TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, J. D	5.2 NAME	
STREET ADDRESS	9450 SEWARD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	5.4 CITY-ST-ZIP	
TITLE	S	6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, D.F.	6.2 NAME	S/T
STREET ADDRESS	9450 SEWARD RD	6.3 STREET ADDRESS	W. A. Carr
CITY-ST-ZIP	FAIRFIELD OH	6.4 CITY-ST-ZIP	9450 Seward Road
			Fairfield, OH 45014

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on 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 officer 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 as an attachment with an address.

SIGNATURE: **X** *W. A. Carr* **W. A. Carr** **4/25/96** **(513)881-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)