

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

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**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825604 (2)
1. Corporation Name
C-J. GAYFER & COMPANY, INCORPORATED



Principal Place of Business SPRINGDALE PLAZA 3250 AIRPORT BLVD UNIT 68 MOBILE AL 36606 US	Mailing Address % MERCANTILE STORES CO., INC 9450 SEWARD RD FAIRFIELD OH 45014-5412
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3. Date Incorporated or Qualified 01/15/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 63-0080060	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

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

10. Name and Address of New Registered Agent

81. Name Elizabeth B. Crockett
82. Street Address (P.O. Box Number is Not Acceptable) 5100 North 9th Avenue
83. City Pensacola FL 85 Zip Code 32504

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: *Elizabeth B. Crockett* Elizabeth B. Crockett DATE: **4-18-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHANNON, M G	
STREET ADDRESS	SPRINGDALE PLAZA	
CITY-ST-ZIP	MOBILE AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURNETTE, R L	
STREET ADDRESS	9450 SEWARD RD	
CITY-ST-ZIP	FAIRFIELD OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCVICKER, J.M.	
STREET ADDRESS	9450 SEWARD ROAD	
CITY-ST-ZIP	FAIRFIELD OH	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	NICHOLS, D. L.	
STREET ADDRESS	9450 SEWARD RD	
CITY-ST-ZIP	FAIRFIELD OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAIN, J. D	
STREET ADDRESS	9450 SEWARD RD.	
CITY-ST-ZIP	FAIRFIELD OH	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	W.A. CARR	
STREET ADDRESS	9450 SEWARD ROAD	
CITY-ST-ZIP	FAIRFIELD OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. L. RIPLEY	
1.3 STREET ADDRESS	9450 SEWARD ROAD	
1.4 CITY-ST-ZIP	FAIRFIELD, OH 45014	
2.1 TITLE	VICE-PRESIDENT/ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	K. M. MULDOONEY	
2.3 STREET ADDRESS	9450 SEWARD ROAD	
2.4 CITY-ST-ZIP	FAIRFIELD, OH 45014	
3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	W. A. CARR	
3.3 STREET ADDRESS	9450 SEWARD ROAD	
3.4 CITY-ST-ZIP	FAIRFIELD, OH 45014	
4.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D. L. RADCLIFF	
4.3 STREET ADDRESS	9450 SEWARD ROAD	
4.4 CITY-ST-ZIP	FAIRFIELD, OH 45014	
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 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 recorder 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: *W.A. Carr* **SECRETARY/TREASURER** 4/29/97 (513)881-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)