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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90098 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004599 *OK*
 1. Corporation Name
 HARRIS TEETER, INC.

Principal Place of Business Mailing Address
 P.O. BOX 33129 P.O. Box 33129
 CHARLOTTE, NC 28233-3129 Charlotte, NC 28233-3129

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 8/12/98

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 25 29 30

4. FEI Number Applied For
 56-1390087 Not Applicable
 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P Morganthall, Fred J II	1.1 TITLE	
NAME	11929 Pine Valley Club Dr.	1.2 NAME	
STREET ADDRESS	Charlotte, NC 28277	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V Ambro, John G.	2.1 TITLE	
NAME	6809 Fisher Farm Lane	2.2 NAME	
STREET ADDRESS	Charlotte, NC 28277	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S Sherman, Jeff D	3.1 TITLE	
NAME	2017 Hartwicke Place	3.2 NAME	
STREET ADDRESS	Charlotte, NC 28205	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Jeff D. Sherman*
 SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Jeff D. Sherman

2-9-99 704/844-3418
 Date Daytime Phone #

CR2E034 (1/1/98)