

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 180342 (8)
1. Corporation Name
BELK OF ST. AUGUSTINE, FLA., INC.



Principal Place of Business Mailing Address
PONCE DE LEON MALL PONCE DE LEON MALL
2121 US 1 SOUTH 2121 US 1 SOUTH
ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1954	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0724534	
24 Country		30 Country		Applied For	
				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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BERGREN, BYRON L
1312 NORTH MAIN STREET
GAINESVILLE FL 32601

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

Signature, typed or printed name, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	HUDSON, E.O. J R.	
STREET ADDRESS	2390 CHESTNUT NE	
CITY-ST-ZIP	ORANGEBURG SC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELK JR, THOMAS M	
STREET ADDRESS	2801 W TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MOORE, LUTHER T.	
STREET ADDRESS	2801 W. TYVOLA ROAD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	EVST	<input type="checkbox"/> DELETE
NAME	BERGREN, BYRON	
STREET ADDRESS	1312 NORTH MAIN STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BELK, JOHN M.	
STREET ADDRESS	2801 W. TYVOLA ROAD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELK, HENDERSON	
STREET ADDRESS	2801 TYVOLA ROAD	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EVS
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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.

CR2E034 (10/97)