

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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **191454** (8)

1. Corporation Name  
**BELK-LINDSEY STORES, INC.**



Principal Place of Business <b>BELK LINDSEY STORES 1312 N MAIN ST GAINESVILLE FL 32601 US</b>	Mailing Address <b>BYRON BERGREN - BLEK LINDSEY 1312 N MAIN ST GAINESVILLE FL 32601-2346 US</b>
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3. Date Incorporated or Qualified <b>03/08/1956</b>	3a. Date of Last Report <b>02/08/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-0906930</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERGREN, BYRON  
1312 N MAIN ST  
~~1302 N MAIN STREET~~  
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELK, JOHN M</b>		1.2 NAME	
STREET ADDRESS <b>2801 W. TYVOLA ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CHARLOTTE NC</b>		1.4 CITY-ST-ZIP <b>28217-4500</b>	
TITLE <b>PTAS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BELK, THOMAS M</b>		2.2 NAME <b>P/D</b>	
STREET ADDRESS <b>2801 W. TYVOLA ROAD</b>		2.3 STREET ADDRESS <b>BELK, THOMAS M. JR.</b>	
CITY-ST-ZIP <b>CHARLOTTE NC</b>		2.4 CITY-ST-ZIP <b>2801 W. TYVOLA ROAD</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CERCEO, HENRY J</b>		3.2 NAME	
STREET ADDRESS <b>1312 N MAIN ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		3.4 CITY-ST-ZIP <b>32601</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOORE, LUTHER T.</b>		4.2 NAME	
STREET ADDRESS <b>2801 W. TYVOLA ROAD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CHARLOTTE NC</b>		4.4 CITY-ST-ZIP <b>28217-4500</b>	
TITLE <b>EVSD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERGREN, BYRON</b>		5.2 NAME	
STREET ADDRESS <b>1312 N MAIN ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		5.4 CITY-ST-ZIP <b>32601</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SPARKS, JAMES</b>		6.2 NAME	
STREET ADDRESS <b>100 COLONIAL PLAZA MALL</b>		6.3 STREET ADDRESS <b>VC/AT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		6.4 CITY-ST-ZIP <b>BELK, JOHN ROBERT</b>	
			<b>2801 W. TYVOLA ROAD</b>
			<b>CHARLOTTE NC 28217-4500</b>

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 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.

SIGNATURE:  **Luther T. Moore** 3/24/97 704-357-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)