

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **300777** (0)

1. Corporation Name  
**GREAT VALU SUPERMARKETS INC**



Principal Place of Business: **7000 N.W. 32ND AVENUE P.O. BOX 520695 MIAMI FL 33152**  
Mailing Address: **7000 N.W. 32ND AVENUE P.O. BOX 520695 MIAMI FL 33152**

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

3. Date Incorporated or Qualified: **01/12/1966** 3a. Date of Last Report: **06/26/1995**  
4. FEI Number: **65-0036584** Applied For:  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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CALVIN, MILLER J  
7000 N.W. 32ND AVENUE  
MIAMI FL 33147**

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 607.0612 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>P CALVIN, MILLER J</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7000 N.W. 32ND AVENUE</b>	2. TITLE	
CITY-STATE-ZIP	<b>MIAMI FL</b>	3. STREET ADDRESS	
DELETE	<input type="checkbox"/> DELETE	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST LEWIS, THOMAS C</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7000 N.W. 32ND AVENUE</b>	6. TITLE	
CITY-STATE-ZIP	<b>MIAMI FL</b>	7. STREET ADDRESS	
DELETE	<input type="checkbox"/> DELETE	8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HARRIS, ERNEST E</b>	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6430 SW 120TH STREET</b>	10. TITLE	
CITY-STATE-ZIP	<b>MIAMI FL</b>	11. STREET ADDRESS	
DELETE	<input type="checkbox"/> DELETE	12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. TITLE	
STREET ADDRESS		14. STREET ADDRESS	
CITY-STATE-ZIP		15. CITY-STATE-ZIP	
DELETE	<input type="checkbox"/> DELETE	16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. TITLE	
STREET ADDRESS		18. STREET ADDRESS	
CITY-STATE-ZIP		19. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 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: *Lewis C. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96  
DATE

CR2E034 (12/95)