FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **349807** **(8)**

1. Corporation Name

H.C. HODGES CASH AND CARRY, INC.

Principal Place of Business	Mailing Address
NORTH 9TH STREET P.O. BOX 550 DEFUNIAK SPRINGS FL 32433	NORTH 9TH STREET P.O. BOX 550 DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified: **07/23/1969**
3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-1237725** ☐ 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

2. Principal Place of Business
21 253 North 9th Street
22 Suite, Apt. #, etc.
23 City & State: DeFuniak Springs FL
24 Zip: 32433 25 Country: Walton

2a. Mailing Address
26 P.O. Box 550
27 Suite, Apt. #, etc.
28 City & State: DeFuniak Springs, FL
29 Zip: 32433 30 Country: Walton

9. Name and Address of Current Registered Agent

MCCALL, R. T.
NORTH 9TH STREET
DEFUNIAK SPGS FL 32433

10. Name and Address of New Registered Agent

81 Name: JAMES FRANK ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. BOX 550~~ 253 NORTH 9TH STREET
83
84 City: DEFUNIAK SPRINGS FL 85 Zip Code: 32433

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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: James Frank Anderson JAMES FRANK ANDERSON REGISTERED AGENT 3-18-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE: PRESIDENT /D	☒ Change ☐ Addition
NAME	MCCALL, R. T.		1.2 NAME: JAMES FRANK ANDERSON	
STREET ADDRESS	PINE HILL ROAD		1.3 STREET ADDRESS: 593 HUBBARD STREET	
CITY-ST-ZIP	DEFUNIAK SPGS. FL		1.4 CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32433	
TITLE	STD	☒ DELETE	2.1 TITLE: VICE PRESIDENT /D	☒ Change ☐ Addition
NAME	SUPPLE, WILBUR N.		2.2 NAME: KIRBY RUSHING	
STREET ADDRESS	PINE SHORES		2.3 STREET ADDRESS: 372 N 9TH STREET	
CITY-ST-ZIP	DEFUNIAK SPGS. FL		2.4 CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32433	
TITLE	VD	☒ DELETE	3.1 TITLE: SEC/TREAS /D	☒ Change ☐ Addition
NAME	PAULK, LARRY E.		3.2 NAME: SUE RUSHING	
STREET ADDRESS	202 NATHEY ST.		3.3 STREET ADDRESS: 372 N 9TH STREET	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32433	
TITLE	VP	☒ DELETE	4.1 TITLE: D	☒ Change ☐ Addition
NAME	SUPPLE, HELEN W.		4.2 NAME: SHARI ANDERSON	
STREET ADDRESS	PINE SHORES		4.3 STREET ADDRESS: 593 HUBBARD STREET	
CITY-ST-ZIP	DEFUNIAK SPGS FL		4.4 CITY-ST-ZIP: DEFUNIAK SPRINGS, FL 32433	
TITLE		☐ DELETE	5.1 TITLE:	☐ Change ☐ Addition
NAME			5.2 NAME:	
STREET ADDRESS			5.3 STREET ADDRESS:	
CITY-ST-ZIP			5.4 CITY-ST-ZIP:	
TITLE		☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME			6.2 NAME:	
STREET ADDRESS			6.3 STREET ADDRESS:	
CITY-ST-ZIP			6.4 CITY-ST-ZIP:	

If DBA by Bank 12/4.6

CR2E034 (12/95)

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)(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: James F. Anderson JAMES FRANK ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 Date

904-892-5124 Daytime Phone Number