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FILED
Feb 12 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 # 349807 (8)

1. Corporation Name
H.C. HODGES CASH AND CARRY, INC.

Principal Place of Business
253 NORTH ST.
DEFUNIAK SPRINGS FL 32433

Mailing Address
PO BOX 550
DEFUNIAK SPRINGS FL 32433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1237725	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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

ANDERSON, FRANK JAMES
253 NORTH 9TH STREET
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	ANDERSON, FRANK JAMES	1.2 NAME	Anderson, Frank James
STREET ADDRESS	593 HUBBARD ST.	1.3 STREET ADDRESS	593 Hubbard St
CITY-ST-ZIP	DEFUNIAK SPGS. FL 32433	1.4 CITY-ST-ZIP	Defuniak Spgs, FL 32433
TITLE	VPD	2.1 TITLE	PD
NAME	RUSHING, KIRBY	2.2 NAME	Rushing, Kirby
STREET ADDRESS	372 N. 9TH ST.	2.3 STREET ADDRESS	PO Box 1358 N/A
CITY-ST-ZIP	DEFUNIAK SPGS. FL 32433	2.4 CITY-ST-ZIP	Defuniak Spgs, FL 32435
TITLE	STD	3.1 TITLE	STD
NAME	RUSHING, SUE	3.2 NAME	Rushing, Sue
STREET ADDRESS	372 N. 9TH ST.	3.3 STREET ADDRESS	PO Box 1358 N/A
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	3.4 CITY-ST-ZIP	Defuniak Spgs, FL 32435
TITLE	D	4.1 TITLE	D
NAME	ANDERSON, SHARI	4.2 NAME	Anderson, Shari
STREET ADDRESS	593 HUBBARD ST.	4.3 STREET ADDRESS	593 Hubbard St.
CITY-ST-ZIP	DEFUNIAK SPGS FL 32433	4.4 CITY-ST-ZIP	Defuniak Spgs, FL 32433
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, 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

1-22-98

850-892-5124

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