

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 349807**  
 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

3. Date Incorporated or Qualified: **07/23/1969**

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 owes the current year Intangible Personal Property Tax:  Yes  No

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

10. Name and Address of New Registered Agent

**81** Name: **Rushing, Sue**  
**82** Street Address (P.O. Box Number is Not Acceptable): **253 North 9th Street**  
**83** City: **Defuniak Springs** **85** Zip Code: **FL 32433**

9. Name and Address of Current Registered Agent  
**ANDERSON, FRANK JAMES**  
**253 NORTH 9TH STREET**  
**DEFUNIAK SPRINGS FL 32433**

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **23 MAR 99**

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, FRANK JAMES	
STREET ADDRESS	593 HUBBARD ST.	
CITY-ST-ZIP	DEFUNIAK SPGS. FL 32433	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSHING, KIRBY	
STREET ADDRESS	P.O. BOX 1358 N/A	
CITY-ST-ZIP	DEFUNIAK SPGS. FL 32435	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUSHING, SUE	
STREET ADDRESS	P.O. BOX 1358 N/A	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, SHARI	
STREET ADDRESS	593 HUBBARD ST.	
CITY-ST-ZIP	DEFUNIAK SPGS FL 32433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 changes are on an attachment with an address, with or other like empowered.

SIGNATURE: *[Signature]* DATE: **16 Feb 99** 850 892-5124

CR2E034 (1/199)