


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			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 07/23/1969		4. FEI Number 59-1237725	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent ANDERSON, FRANK JAMES 253 NORTH 9TH STREET DEFUNIAK SPRINGS FL 32433	
9. Name and Address of New Registered Agent Rushing, Sue 253 North 9th Street Defuniak Springs FL 32433		10. Name and Address of New Registered Agent Rushing, Sue 253 North 9th Street Defuniak Springs FL 32433	
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 607.0502, Florida Statutes. SIGNATURE: <u>Sue Rushing</u> DATE: <u>23 MAR 99</u>			
12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)			
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP		61. TITLE 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 changed on an attachment with an address, with or other like empowered.

SIGNATURE: Sue Rushing 16 Feb 99 850 892-5124
 1. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #