FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT 1998 DOCUMENT # 644783

FILED Jan 29 1998 8:00am Secretary of State

BI-LO SALES AND SERVICES, INC	•			
Principal Place of Business	Mailing Address		-	ill
733 NORTH MAGNOLIA AVENUE	107 NE 1\$T AVE			
OCALA FL 34475	OCALA FL 34470		DO NOT WRITE IN THIS SPACE	
US	US		3. Date Incorporated or Qualified	
			11/09/1979	
2. Principal Place of Business	2a. Mailing Address	annual in Ada		or
21	26 733 NORTH	MAGNOLIA AVE	59-1954983 Not Applie	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
22 City & State	City & State		6. Election Campaign Financing \$5.00 May Br	
23	28 OCALA, FL		Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	}
24 25	29 34475	30 2/5	Personal Property Tax due June 30. X Yes No	
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
MARZELLA, ROSEMARIE		oi Name	• •	
HIGHWAY 329 EAST		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
SPARR FL 32192		83		
		84 City	85 Zip Code	
			 	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	l and 607.1508, Florida Statut of Florida, Such change was a	es, the above-named corporation	oration submits this statement for the purpose of changing its regist on's board of directors. I hereby accept the appointment as register	tered red
agent. I am familiar with, and accept the obliga	tions of, Section 607,0505, Flo	orida Statutes.		
SIGNATURE Signature, typed or printed name of registered agen	<u>Le rella</u>	E: Registered Agent signature require	ti when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE P	DELETE	1.1 TITLE	☐ Change ☐ Ad	ddition
NAME MARZELLA, ROSEMARIE		1.2 NAME		
STREET ADDRESS HWY. 329 EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP SPARR FL		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	Change Ad	ddition
NAME SCHMIDT, NELDA F.		2.2 NAME		
STREET ADDRESS 11380 N.MAGNOLIA AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP OCALA FL	☐ DELETÉ	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Ad	ddition
NAME SCHMIDT, HILMER C.		3,2 NAME		2510011
STREET ADDRESS 11380 N. MAGNOLIA AVE.		3,3 STREET ADDRESS		
CITY-ST-ZIP OCALA FL		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	Change Ad	dition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		ĺ
CITY - ST - ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	Change Ad	ddition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		İ
CITY-ST-ZIP	Clarier	5.4 CITY-ST-ZIP	T AL	James -
TITLE	☐ DELETE	6.1 TITLE	L Change L Ad	ddition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further certify that the informa	

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(3)

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:

ROSEMARIE MARZELLA ECUIRED

1/23/98

CR2E034 (10/97)