

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 # 806071 (7)
1. Corporation Name
DELCHAMPS, INC.



Principal Place of Business: 305 DELCHAMPS DR MOBILE AL 36602 US
Mailing Address: PO BOX 1668 MOBILE AL 36633 US

3. Date Incorporated or Qualified: 02/07/1946
3a. Date of Last Report: 03/21/1995
4. FEI Number: 63-0245434
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

OFFICERS AND DIRECTORS

TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	VAN HOOSER, HUGH C	
STREET ADDRESS	3807 CYPRESS SHORES DR N	
CITY - ST - ZIP	MOBILE AL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DELCHAMPS, J R	
STREET ADDRESS	305 DELCHAMPS DR	
CITY - ST - ZIP	MOBILE, AL 00000	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	KULLMAN, TIMOTHY E	
STREET ADDRESS	2820 CHARLOTTE OAKS DR	
CITY - ST - ZIP	MOBILE AL 36695	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRIFFIN L. S.	
STREET ADDRESS	4109 JAPONICA LANE	
CITY - ST - ZIP	MOBILE AL	
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

1.1 TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD W. LA TRACE	
1.3 STREET ADDRESS	717 W. WESTMORE LAND	
1.4 CITY - ST - ZIP	MOBILE, AL. 36609	
2.1 TITLE	SR. U.P. - OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK L. BENNEN	
2.3 STREET ADDRESS	7652 PEMBROKE CR.	
2.4 CITY - ST - ZIP	MOBILE, AL. 36695	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	SR. U.P. MERCHANDISING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TOM P. ROBBINS	
5.3 STREET ADDRESS	100 TOWER DR, Apt. 1204	
5.4 CITY - ST - ZIP	DAPHNE, AL. 36526	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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, unchanged, or on an attachment with an address

SIGNATURE:

Timothy E. Kullman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
DATE

(334) 433-0431
TELEPHONE #

CR2E034 (12/95)