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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
305 DELCHAMPS DR PO BOX 1668
MOBILE AL 36602 MOBILE AL 36633-1668
US US



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 02/07/1946 3a. Date of Last Report 05/01/1996
4. FEI Number 63-0245434 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 of person or persons of registered agent and file. 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	
NAME	LA TRACE, RICHARD W.	1.2 NAME	
STREET ADDRESS	717 W. WESTMORELAND	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MOBILE AL	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	
NAME	BENNEN, FRANK L.	2.2 NAME	
STREET ADDRESS	7652 PEMBROKE CR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MOBILE, AL 00000	2.4 CITY-STATE-ZIP	
TITLE	SVPD	3.1 TITLE	
NAME	KULLMAN, TIMOTHY E	3.2 NAME	
STREET ADDRESS	2620 CHARLOTTE OAKS DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MOBILE AL	3.4 CITY-STATE-ZIP	
TITLE	VP	4.1 TITLE	
NAME	GRIFFIN L. S.	4.2 NAME	
STREET ADDRESS	4109 JAPONICA LANE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MOBILE AL	4.4 CITY-STATE-ZIP	
TITLE	VP	5.1 TITLE	
NAME	ROBBINS, TOM P.	5.2 NAME	
STREET ADDRESS	100 TOWER DR., APT 1204	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DAPHNE AL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 is stated 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 in an attachment with an address.

SIGNATURE: *Timothy E Kullman* TIMOTHY E KULLMAN 2-18-97 334 433 0431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)