

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1770 Ellis Avenue Suite, Apt. #, etc. 22 Suite 200 City & State 23 Jackson, MS Zip 24 39204		2a. Mailing Address 26 PO Box 3409 Suite, Apt. #, etc. 27 City & State 28 Jackson, MS Zip 29 39207		3. Date Incorporated or Qualified 02/07/1946	
Country 25 US		Country 30 US		4. FEI Number 63-0245434 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CEO/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LA TRACE, RICHARD W.			1.2 NAME	Julian, Michael E.		
STREET ADDRESS	717 W. WESTMORELAND			1.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200		
CITY-ST-ZIP	MOBILE AL			1.4 CITY-ST-ZIP	Jackson, MS 39204		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNEN, FRANK L.			2.2 NAME	Johnson, Ronald E.		
STREET ADDRESS	7652 PEMBROKE CR.			2.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200		
CITY-ST-ZIP	MOBILE, AL 00000			2.4 CITY-ST-ZIP	Jackson, MS 39204		
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	E V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KULLMAN, TIMOTHY E			3.2 NAME	Cannada, R. Barry		
STREET ADDRESS	2820 CHARLOTTE OAKS DR			3.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200		
CITY-ST-ZIP	MOBILE AL			3.4 CITY-ST-ZIP	Jackson, MS 39204		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	EV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRIFFIN L. S.			4.2 NAME	Harmon, Stephen R.		
STREET ADDRESS	4109 JAPONICA LANE			4.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200		
CITY-ST-ZIP	MOBILE AL			4.4 CITY-ST-ZIP	Jackson, MS 39204		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SrV/CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBBINS, TOM P.			5.2 NAME	Black, David R.		
STREET ADDRESS	100 TOWER DR., APT 1204			5.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200		
CITY-ST-ZIP	DAPHNE AL			5.4 CITY-ST-ZIP	Jackson, MS 39204		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	C/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Holman, W.H. Jr.		
STREET ADDRESS				6.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Jackson, MS 39204		

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, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)