

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

3. Date Incorporated or Qualified 02/07/1946	
2. Principal Place of Business 21 1770 Ellis Avenue Suite, Apt. #, etc. 22 Suite 200 City & State 23 Jackson, MS Zip Country 24 39204 25 US	2a. Mailing Address 26 PO Box 3409 Suite, Apt. #, etc. 27 City & State 28 Jackson, MS Zip Country 29 39207 30 US
4. FEI Number 63-0245434	Applied For 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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