

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

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90006 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 806071

1. Corporation Name
DELCHAMPS, INC.



Principal Place of Business 1770 ELLIS AVENUE SUITE 200 JACKSON MS 39204 US	Mailing Address 3409BOX 16 JACKSON MS 39207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 3409
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jackson, MS
Zip 24	Country 25
Country 25	Zip 29 39207-3409
Country 25	Country 30 US

3. Date Incorporated or Qualified 02/07/1946	Applied For Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		81 Name
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code

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	

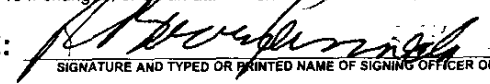
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEO <input type="checkbox"/> DELETE
NAME	JULIAN, MICHAEL E
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200
CITY-ST-ZIP	JACKSON MS 39204
TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHNSON, RONALD E
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200
CITY-ST-ZIP	JACKSON MS 39204
TITLE	EV <input type="checkbox"/> DELETE
NAME	CANNADA, R B
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200
CITY-ST-ZIP	JACKSON MS 39204
TITLE	EV <input type="checkbox"/> DELETE
NAME	HARMON, STEPHEN R
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200
CITY-ST-ZIP	JACKSON MS 39204
TITLE	CFOV <input type="checkbox"/> DELETE
NAME	BLACK, DAVID R
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200
CITY-ST-ZIP	JACKSON MS 39204
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	HOLMAN, W H JR
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200
CITY-ST-ZIP	JACKSON MS 39204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chairman and CEO, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Julian, Michael E.
1.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200
1.4 CITY-ST-ZIP	Jackson, MS 39204
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:  R. Barry Cannada 5/24/99 (601) 346-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)