

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-27-1999 90006 017 ***150.00

DOCUMENT # 806071

1. Corporation Name
DELCHAMPS, INC.



Principal Place of Business
1770 ELLIS AVENUE
SUITE 200
JACKSON MS 39204
US

Mailing Address
3409 BOX 16
JACKSON MS 39207
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO Box 3409		02/07/1946	
22 City & State		27 Jackson, MS		4. FEI Number	
23 Zip		28 39207-3409		63-0245434	
24 Country		29 US		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<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

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

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

FL

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	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	Chairman and CEO, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, MICHAEL E	1.2 NAME	Julian, Michael E.
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	1.3 STREET ADDRESS	1770 Ellis Avenue, Suite 200
CITY-ST-ZIP	JACKSON MS 39204	1.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RONALD E	2.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	2.4 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNADA, R B	3.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	3.4 CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, STEPHEN R	4.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	4.4 CITY-ST-ZIP	
TITLE	CFOV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DAVID R	5.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	5.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, W H JR	6.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Barry Cannada

5/24/99

Date

(601) 346-2200

Daytime Phone #

CR2E034 (11/98)

0549521