

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

|  |   |  |
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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 825604 (2)

1. Corporation Name  
C.J. GAYFER & COMPANY, INCORPORATED

Principal Place of Business  
SPRINGDALE PLAZA  
3250 AIRPORT BLVD UNIT 6B  
MOBILE AL 36606  
US

Mailing Address  
% MERCANTILE STORES CO., INC  
9450 SEWARD RD  
FAIRFIELD OH 45014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/15/1971

4. FEI Number  
63-0080060

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROCKETT, ELIZABETH B  
5100 N 9TH AVE  
PENSACOLA FL 32504

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SHANNON, M G  
STREET ADDRESS SPRINGDALE PLAZA  
CITY-ST-ZIP MOBILE AL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP  
NAME BURNETTE, R L  
STREET ADDRESS 9450 SEWARD RD  
CITY-ST-ZIP FAIRFIELD OH

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME MCVICKER, J.M.  
STREET ADDRESS 9450 SEWARD ROAD  
CITY-ST-ZIP FAIRFIELD OH

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CD  
NAME NICHOLS, D. L.  
STREET ADDRESS 9450 SEWARD RD  
CITY-ST-ZIP FAIRFIELD OH

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME RIPLEY, L.L.  
STREET ADDRESS 9450 SEWARD RD.  
CITY-ST-ZIP FAIRFIELD OH

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ST  
NAME W.A. CARR  
STREET ADDRESS 9450 SEWARD ROAD  
CITY-ST-ZIP FAIRFIELD OH

6.1 TITLE  
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 affidavit.

SIGNATURE

William A. Carr 1/28/98 (513) 881-8000

CP2E034 (1097)