

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 10, 1999 8:00 am
Secretary of State
 09-10-1999 90013 035 ***550.00

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



DOCUMENT # 829560
 Corporation Name
WHOLESALE GROCERY COMPANY, INC.



Principal Place of Business
 INDUSTRIAL DR
 (190208
 BIRMINGHAM AL 35219-0208

Mailing Address
 300 INDUSTRIAL DR
 PO BOX 190208
 BIRMINGHAM AL 35219-0208

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Country
 Zip

3. Date Incorporated or Qualified
02/20/1973

4. FEI Number
63-0043250

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 the current year Intangible Personal Property. Yes 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
 85 Zip Code

I, the undersigned, being duly sworn, certify that the above information is true and correct to the best of my knowledge and belief, and that I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|---|
| P | DICHIARA, PETER N 1100 ROLLING HILLS CIRCLE HOOVER AL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| V | DICHIARA, STEVE C. 204 MARWOOD DR. BIRMINGHAM AL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| S | DICHIARA, ROSALIE 921 COVE IR BIRMINGHAM AL 35244 | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 stated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter N. DiChiara* DATE: *9/7/99* (205) 945-7120

CR2E034 (5/99)