

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 10: 27

DOCUMENT # 834579 (5)

1. Corporation Name
MERCANTILE PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% MERCANTILE STORES CO., INC. **% MERCANTILE STORES CO., INC.**
9450 SEWARD RD **9450 SEWARD RD**
FAIRFIELD OH 45014 **FAIRFIELD OH 45014**

3. Date Incorporated or Qualified **06/26/1975** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		13-2814711		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, D.
% GAYFERS
9TH AVE. & BRENT LANE
PENSACOLA FL 32504

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	CAIN, J D
STREET ADDRESS	9450 SEWARD RD
CITY - ST - ZIP	FAIRFIELD OH
TITLE	VD
NAME	SHANNON, M G
STREET ADDRESS	9450 SEWARD RD
CITY - ST - ZIP	FAIRFIELD OH
TITLE	S
NAME	MURPHY, D.F.
STREET ADDRESS	9450 SEWARD RD
CITY - ST - ZIP	FAIRFIELD OH
TITLE	T
NAME	MCVICKER, J M
STREET ADDRESS	9450 SEWARD RD
CITY - ST - ZIP	FAIRFIELD OH
TITLE	D
NAME	NICHOLS, D.L.
STREET ADDRESS	9450 SEWARD RD
CITY - ST - ZIP	FAIRFIELD OH
TITLE	AS
NAME	CARR, W A
STREET ADDRESS	9450 SEWARD ROAD
CITY - ST - ZIP	FAIRFIELD OH

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McLYNCH, P.E.
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	V CFO D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of changes only on attachment to this return.

SIGNATURE:

William A. Carr

William A. Carr

2/3/95 (513) 881-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)