

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

*PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **834579** (5)

1. Corporation Name

MERCANTILE PROPERTIES, INC.



Principal Place of Business

Mailing Address

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

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9450 SEWARD RD
FAIRFIELD OH 45014

3. Date Incorporated or Qualified 06/26/1975	3a. Date of Last Report 02/09/1995
4. FEI Number 13-2814711	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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Subc. Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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 fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, J D	1.2 NAME	
STREET ADDRESS	9450 SEWARD RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD OH	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLYNCH, P E	2.2 NAME	
STREET ADDRESS	9450 SEWARD RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD OH	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, D.F.	3.2 NAME	
STREET ADDRESS	9450 SEWARD RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD OH	3.4 CITY - ST - ZIP	
TITLE	VCFO	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCVICKER, J M	4.2 NAME	
STREET ADDRESS	9450 SEWARD RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD OH	4.4 CITY - ST - ZIP	
TITLE	CEO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, D.L.	5.2 NAME	
STREET ADDRESS	9450 SEWARD RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD OH	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, W A	6.2 NAME	
STREET ADDRESS	9450 SEWARD ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRFIELD OH	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 119.07(3)(k), 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 or changed thereon an attachment with an address.

SIGNATURE:

William A. Carr

1/23/96

(513)881-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)