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FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90002 016 ***450.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 835827

1. Corporation Name
BELK STORES MUTUAL INSURANCE COMPANY

Principal Place of Business 2801 W. TYVOLA ROAD CHARLOTTE NC 28217-4500 US	Mailing Address 2801 W TYVOLA RD. CHARLOTTE NC 28217-4500 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1976	
4. FEI Number 56-0773500	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CANNON, DAVID BELK		1.2 NAME Thomas M. Belk, Jr.	
STREET ADDRESS 138 BERRY MOUNTAIN ROAD		1.3 STREET ADDRESS 2801 West Tyvola Road	
CITY-ST-ZIP CRAMERTON NC		1.4 CITY-ST-ZIP Charlotte, NC 28217-4500	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, LUTHER T.		2.2 NAME	
STREET ADDRESS 2801 W TYVOLA RD		2.3 STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE, NC 00000		2.4 CITY-ST-ZIP	
TITLE AST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERRY, JAMES M		3.2 NAME	
STREET ADDRESS 2801 W TYVOLA ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC		3.4 CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLING, ESTON V.		4.2 NAME	
STREET ADDRESS 2801 W TYVOLA RD		4.3 STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE, NC 00000		4.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELK, JOHN M.		5.2 NAME	
STREET ADDRESS 2801 W TYVOLA RD		5.3 STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME John R. Belk	
STREET ADDRESS		6.3 STREET ADDRESS 2801 West Tyvola Road	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Charlotte, NC 28217-4500	

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: B. R. Walton B. R. Walton 4/29/99 (704) 357-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)