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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845069

(4)

HOLIDAY WHOLESALE GROCERY CO.

May 02 1997 8:00am
Secretary of State

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FILED

Principal Pla	ce of Business	Mailing Address							
1708 N ASHLEY STREET P O BOX 3136 VALDOSTA GA 31602-3023		1708 N ASHLEY STREET P O BOX 3136 VALDOSTA GA 31602-3056							
						3. Date incorporated or Qualified 01/28/1980		ate of Last P 01/1996	Report
	Place of Business	2a. Mailing Address			4. FEI Number		AI	pplied For	
21		26			58-1222112		No.	ot Applicable	
Suite, Ap		Suite, Apt. #, (Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ale	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	30 Cr	ountry	/	8. This corporation has liability for Florida Statutes	intangible		. 199.032,
<u>[54]</u>	9. Name and Address of Cur		[30]			10. Name and Address of New Re		_	
RIG	D, T. BUCKINGHAM			81	Name	TO. THAT I WITH THE TIE	giotei eu i	-gent	
220 SOUTH CHERRY STREET				L.					
	INTICELLO FL 32344			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
MC	MINOPPLO I.C 25244			83	 				
1				03					
				84	}		FL	11	Code
OTICE OF	it to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	ale o' Florida. Such chanc	u was authoriz	ed by	v the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions	ourpose of pt the app	changing it ointment as	ts registered registered
SIGNATURE	Signature, typed or pricted name of registered	Agent and title if applicable	(ND1t: Registe	red Age	ent signsture roqu	uired when reinstaring)	DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	RS IN 12
TITLE	PO	□ DEL	ETE 1.1	1111.6				Change	Addition
NAME	WATSON, S. LEE		1.₽	NAME					
STREET ADDRÉSS			13	STREET	ADDRESS				
CITY-ST-ZIP	VALDOSTA GA		14	CITY - S	ST - 7IP				
TITLE	STD	☐ OFL	E1E 2.1	าทะเ				Change	Addition
NAME	MCCRANIE, JOHN V.		2.2	NAME					
STREET ADDRESS			2.3	STREET	ADURESS				
CITY-ST-ZIP	VALDOSTA GA				ST-7IP				
ŤITLE		DEL		TITLE				Change	. Addition
NAME			3.2	NAME					
CTREET ADDRESS	. [1	CTUEFS	. ADDRESON				

64 CBY-S1-ZIP

14. Ido hereby certify that the information supplied with this bling 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 trailing signature shall have the same legal effect as if made under oath, that am an officer or director of the corporation or the receiver or trustee approvered by 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.

3.4. CiTY-ST-7/P

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CHY - \$1 - ZIP

4 2 NAME

6.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE: JOHN V. MCCRANIE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITL€

TITLE

NAME

TITLE

NAME

APRIL 24, 1997 (912-242-5182

Change

☐ Change

Change

Addition

Addition

Addition