

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # F94000005453

1. Entity Name
ASSOCIATED GROCERS OF THE SOUTH, INC.



Principal Place of Business

**PO BOX 11044
BIRMINGHAM, AL 35202**

Mailing Address

**PO BOX 11044
BIRMINGHAM, AL 35202**



03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0011690

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST., STE. 2
TALAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000681202
04/04/07-80032-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	HOWELL, JACK
STREET ADDRESS	2572 FORTNER STREET
CITY-ST-ZIP	DOTHAN, AL 36305
TITLE	P
NAME	TOTORITIS, GERALD
STREET ADDRESS	1176 KINGSWOOD ROAD
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	V
NAME	RIGSBY PLOTT, MARY F
STREET ADDRESS	246 BEAVER CREEK PARKWAY
CITY-ST-ZIP	PELHAM, AL 35124
TITLE	S
NAME	FULLER, MIKE
STREET ADDRESS	575 CHINQUAPIN TRACE
CITY-ST-ZIP	GREENSBORO, AL 36744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mary F. Rigsby Plott

Mary F. Rigsby Plott 3/22/07 (205) 808-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #