

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000005453

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATED GROCERS OF THE SOUTH, INC.

**Current Principal Place of Business:**

3600 VANDERBILT ROAD  
BIRMINGHAM, AL 35217

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11044  
BIRMINGHAM, AL 35202

**New Mailing Address:**

**FEI Number:** 63-0011690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** COB  
**Name:** HOWELL, JACK  
**Address:** 2572 FORTNER STREET  
**City-St-Zip:** DOTHAN, AL 36305

**Title:** P  
**Name:** TOTORITIS, GERALD  
**Address:** 1176 KINGSWOOD ROAD  
**City-St-Zip:** BIRMINGHAM, AL 35242

**Title:** V  
**Name:** RIGSBY PLOTT, MARY F  
**Address:** 246 BEAVER CREEK PARKWAY  
**City-St-Zip:** PELHAM, AL 35124

**Title:** S  
**Name:** FULLER, MIKE  
**Address:** 575 CHINQUAPIN TRACE  
**City-St-Zip:** GREENSBORO, AL 36744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JACKIE PLOTT

CFO

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date