


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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000003939 (4)					
1. Corporation Name PIGGLY WIGGLY COMPANY					
Principal Place of Business 6301 WATERFORD BLVD. OKLAHOMA CITY OK 73118			Mailing Address 6301 WATERFORD BLVD. OKLAHOMA CITY OK 73118-1103		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 03/26/1996	
22 City & State		27 City & State		4. FEI Number 73-1477999	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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		
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					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
NAME PD CRANE, LAWRENCE L JR.					
STREET ADDRESS 1991 CORPORATE AVE.					
CITY-ST-ZIP MEMPHIS TN 38132					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME BRYSON, LEE R					
STREET ADDRESS 1991 CORPORATE AVE.					
CITY-ST-ZIP MEMPHIS TN 38132					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME VSD ALMOND, DAVID R					
STREET ADDRESS 6301 WATERFORD BLVD.					
CITY-ST-ZIP OKLAHOMA CITY OK 73118					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME D WINN, HARRY L					
STREET ADDRESS 6301 WATERFORD BLVD.					
CITY-ST-ZIP OKLAHOMA CITY OK 73118					
1.5 TITLE <input type="checkbox"/> DELETE					
NAME V BARNWELL, DANIEL R					
STREET ADDRESS 1991 CORPORATE AVE.					
CITY-ST-ZIP MEMPHIS TN 38132					
1.6 TITLE <input checked="" type="checkbox"/> DELETE					
NAME V CLEMENT, VICKI L					
STREET ADDRESS 6301 WATERFORD BLVD.					
CITY-ST-ZIP OKLAHOMA CITY OK 73118					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME Larry G. Wright					
STREET ADDRESS 1991 Corporate Ave					
CITY-ST-ZIP Memphis, TN 38132					
1.2 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.3 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.4 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.6 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME AS James M. Wallace					
STREET ADDRESS 6301 Waterford Blvd					
CITY-ST-ZIP OKLAHOMA CITY OK 73118					
14. I do 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.					
SIGNATURE: _____					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4/24/97 405/840-7200
Date Daytime Phone #