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Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90002 013 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F96000000601

1. Corporation Name

JITNEY-JUNGLE STORES OF AMERICA, INC.

Principal Place of Business

**1770 ELLIS AVE
STE 200
JACKSON MS 39204-3613
US**

Mailing Address

**PO BOX 3409
JACKSON MS 39207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

64-0280539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **HOLMAN, W.H. JR**
STREET ADDRESS **1770 ELLIS AVE**
CITY-ST-ZIP **JACKSON MS 39204**

1.1 TITLE **Chairman and CEO** ☒ Change ☐ Addition
1.2 NAME **Michael E. Julian**
1.3 STREET ADDRESS **1770 Ellis Ave, Suite 200**
1.4 CITY-ST-ZIP **Jackson, MS 39204**

TITLE **VCFO** ☐ DELETE
NAME **BLACK, DAVID R**
STREET ADDRESS **1770 ELLIS AVE**
CITY-ST-ZIP **JACKSON MS 39204**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **JOHNSON, RONALD E**
STREET ADDRESS **1770 ELLIS AVE**
CITY-ST-ZIP **JACKSON MS 39204**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **HOLMAN, W.H. III**
STREET ADDRESS **1770 ELLIS AVE, STE 200**
CITY-ST-ZIP **JACKSON MS**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **CEO** ☐ DELETE
NAME **JULIAN, MICHAEL E**
STREET ADDRESS **1770 ELLIS AVE**
CITY-ST-ZIP **JACKSON MS 39204**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **CANNADA, R BARRY**
STREET ADDRESS **1770 ELLIS AVE**
CITY-ST-ZIP **JACKSON MS 39204**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

1/12/99 (601) 346-2200

CR2E034 (11/98)