200	I UNIFORM BUSI	NE22 KEDO	KI	(OR	K)					
DOCUMENT # F9900006708 1. Entity Name										
BRUNO'S SUPERMARKETS, INC.						FILED				
Deinstein in Dies		AA-19 A -1 -1					OI SEP 2	27 PH 4:1	70	
•	ce of Business	Mailing Address								
800 LAKESHORE PARKWAY BIRMINGHAM AL 35211		800 LAKESHORE PARKWAY BIRMINGHAM AL 35211				SECRETERY OF STATE TALLAHASSEE. FEORIDA				
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State			•	4. FEI Number 63-1236762 Applied For Not Applicable				
Zip Country			Zip Coun			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
	PORATION SYSTEM JTH PINE ISLAND ROAD				t Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324										
				City				FL	Zip Code)
Tax filing	Signature, typed or printed name of registered agent as praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After September 12 Make Check Payab	!! FEE , 2001	IS \$550. Fee will t	e \$750.00	10	ng) I. Election Campaigr Trust Fund Contrib			O May Be to Fees
11.	OFFICERS AND [DIRECTORS			ADDITIO	DNS/CHANGES TO	OFFICERS AND D	IRECTORS	3 IN 11	
TITLE Name Street address City-St-Zip	DP DEMME, JAMES A 800 LAKESHORE PARKWAY BIRMINGHAM AL 35211	☐ Delete				٠.	;	LS	_ Change	☐ Addition {
TITLE	DS	☐ Delete .	TITLE					-	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	GRANT, WALTER M 800 LAKESHORE PARKWAY BIRMINGHAM AL 35211			ET ADDRESS: -ST-ZIP			90000 -10 **	**550.00	7090 ****	007 50.00
TITLE NAME	VT STAKEL, JOHN	Delete	TITLE	•	Cath	y M	. Ontee Shorefar am, AL 3	·kumu j	Change	Addition
STREET ADDRESS	800 LAKESHORE PARKWAY			et address	800 r	ANC	SUOREIN			
CITY-ST-ZIP	BIRMINGHAM AL 35211		CITY	-ST-ZIP	Dirm	lirdh	am, AL c	וואסכ		
TITLE		☐ Delete	TITLE						Change	☐ Addition
NAME Street address			NAMI STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE					[Change	Addition
name Street address			NAMI STRE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		· Delete	TITLE]			[Change	☐ Addition
name Street address			NAM	ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
13 I hereby /	Pertify that the information supplied with t	this filing does not avalify for	the ever	nation etc	tad in Section	on 110 O	7/2\/i\ Elorido Statut	on 1 further partify	that the in	formation

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone # SIGNATURE: