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May 09 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 # G67578 (6)

1. Corporation Name
STOP & SAV STORES, INC.

Principal Place of Business	Mailing Address
329 N MARKET BLVD ~~P.O. BOX 660~~ WEBSTER FL 33597	~~S.R. 471~~ ~~P.O. BOX 300~~ WEBSTER FL 33597

2. Principal Place of Business	2a. Mailing Address
21 329 N. MARKET BLVD	26 329 N. MARKET BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WEBSTER	28 City & State: WEBSTER FL
24 Zip: 33597 25 Country: SUMTER	29 Zip: 33597 30 Country: SUMTER

3. Date Incorporated or Qualified: 11/03/1983
3a. Date of Last Report: 04/19/1996

4. FEI Number: 59-2330931 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYNCH, KENNETH NE 1ST ST. WEBSTER FL 33597	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 329 N. MARKET BLVD 83 84 City: WEBSTER FL 85 Zip Code: 33597

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 _____ 1-10-97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, KENNETH		1.2 NAME		
STREET ADDRESS	329 N MARKET BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, RUTH		2.2 NAME		
STREET ADDRESS	329 N MARKET BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, RUTH		3.2 NAME		
STREET ADDRESS	329 N MARKET BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEBSTER FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 1-10-97