


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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H71589 (6)
1. Corporation Name
B & B SUPERMARKET, INC.

Principal Place of Business 3135 S.TAMiami TR. PUNTA GORDA FL 33950	Mailing Address 3135 S.TAMiami TR. PUNTA GORDA FL 33950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 111 104TH AVE Suite, Apt. #, etc. 22 City & State 23 TREASURE ISLAND, FL Zip 24 33706		2a. Mailing Address 26 420 SORRENTO CT Suite, Apt. #, etc. 27 City & State 28 PUNTA GORDA, FL Zip 29 33950		3. Date Incorporated or Qualified 08/16/1985	
25 Pinellas		30 Charlotte		4. FEI Number 59-2576506 Applied For Not Applicable	
9. Name and Address of Current Registered Agent BRUGGER, JOHN N. 600-5TH AVE SOUTH SUITE 210 NAPLES FL 33940		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
83		84 City		85 Zip Code	
86		87		88	

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	PVTS	1.1 TITLE	
NAME	CARNEY, DAVID M.	1.2 NAME	
STREET ADDRESS	600 5TH AVE S #210	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

NATURAL PERSON REQUIRED

1/9/98 941-637-9389

CR2E034 (10/97)