2007 FOR PROFIT CORPORATION

SIGNATURE:

Jan 24, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P03000001747** 01-24-2007 90015 030 ***150.00 1.:Entity Name BI-LO CHEMICAL & SUPPLY, INC. Principal Place of Business Mailing Address 13346 U.S. 90 WEST 13346 U.S. 90 WEST LIVE OAK, FL 32060 LIVE OAK, FL 32060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Cho-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 82-0580686 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BETTY WHITE CANCIO, ANGELA M Street Address (P.O. Box Number is Not Acceptable) 115 OHIO AVE S LIVE OAK, FL 32060 13959 74TH STREET Zip Code 32060 LIVE OAK, 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. BETTY WHITE, PRESIDENT . SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TTILE ☐ Addition ☐ Channe WHITE, JEFF NAME NAME 13934 U.S. 90 WEST STREET ADDRESS STREET ADDRESS CITY-ST-70P LIVE OAK, FL 32060 CITY-ST-ZIP MLE ☐ Delete TITLE (Change ☐ Addition MALK WHITE, BETTY NAME WHITE, BETTY STREET ADDRESS 13959 U.S. 90 WEST STREET ADDRESS 13959 74TH STREET CITY-ST-ZIP LIVE OAK, FL 32060 CITY-ST-ZIP LIVE OAK, FL 32060 TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CTTY-ST-70 CITY-ST-7IP ITILE ☐ Defete TIME ☐ Change Addition NAME STREET ADDRESS STREET ANDRESS CITY-51-ZIP CITY-ST-ZIP MILE ☐ Delete IIILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS' STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 it changed, or on an attachment with an address with all other like empowered.

BETTY WHITE, PRESIDENT

IG OFFICER OR DIRECTOR

FILED

Disvisore Phone #