

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12305 (9)

1. Corporation Name

SUPERMARKET CIGARETTE SALES, INC.



Principal Place of Business

Mailing Address

**305 DELCHAMPS DRIVE
P.O. BOX 1668
MOBILE AL 36693**

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P.O. BOX 1668
MOBILE AL 36693**

3. Date Incorporated or Qualified 11/26/1986	3a. Date of Last Report 04/24/1995
4. FEI Number 72-1029831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

**CT CORPORATION SYSTEM
1200 S. 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUSE, WILLIAM D.	1.2 NAME	LEWIS LOEB
STREET ADDRESS	407 PRIDE AVENUE	1.3 STREET ADDRESS	305 DELCHAMPS DRIVE
CITY - ST - ZIP	HAMMOND LA	1.4 CITY - ST - ZIP	MOBILE, AL 36602
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCHEM, HEIDI E.	2.2 NAME	TIMOTHY E. KULLMAN
STREET ADDRESS	2180 CARRINGTON DR	2.3 STREET ADDRESS	305 DELCHAMPS DRIVE
CITY - ST - ZIP	MOBILE AL	2.4 CITY - ST - ZIP	MOBILE, AL 36602
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CAROLYN H.	3.2 NAME	
STREET ADDRESS	3854 DREXEL CIRCLE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIDDEON, JAMES N. I	4.2 NAME	SARAH WATSON
STREET ADDRESS	407 PRIDE AVENUE	4.3 STREET ADDRESS	305 DELCHAMPS DRIVE
CITY - ST - ZIP	HAMMOND LA	4.4 CITY - ST - ZIP	MOBILE, AL 36602
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Carolyn H. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (334) 433-0431
Date Date/Time Phone #

CR2E034 (12/95)