

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P12305 (9)

1. Corporation Name
 SUPERMARKET CIGARETTE SALES, INC.



Principal Place of Business: 305 DELCHAMPS DRIVE, P.O. BOX 1668, MOBILE AL 36633
 Mailing Address: 305 DELCHAMPS DRIVE, P.O. BOX 1668, MOBILE AL 36633

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1986
 4. FEI Number: 72-1029831
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 1770 Ellis Ave., Suite 200, Jackson, MS 39204, U.S.
 2a. Mailing Address: 26 Post Office Box 3409, Jackson, MS 39207-3409, U.S.

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CEO & Chairman
NAME	LEWIS LOEB	1.2 NAME	Michael E. Julian
STREET ADDRESS	305 DELCHAMPS DR	1.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE	S	2.1 TITLE	President & COO
NAME	TIMOTHY E. KULLMAN	2.2 NAME	Ronald E. Johnson
STREET ADDRESS	305 DELCHAMPS DR	2.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE	TD	3.1 TITLE	CAO & EVP
NAME	JONES, CAROLYN H.	3.2 NAME	R. Barry Cannada
STREET ADDRESS	3654 DREXEL CIRCLE.	3.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP	MOBILE AL	3.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE	V	4.1 TITLE	CFO & Assistant Secretary
NAME	SARAH WATSON	4.2 NAME	David R. Black
STREET ADDRESS	305 DELCHAMPS DR	4.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE		5.1 TITLE	Secretary
NAME		5.2 NAME	W. H. Holman, III
STREET ADDRESS		5.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	CEO & Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael E. Julian	
1.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
1.4 CITY-ST-ZIP	Jackson, MS 39204	
2.1 TITLE	President & COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronald E. Johnson	
2.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
2.4 CITY-ST-ZIP	Jackson, MS 39204	
3.1 TITLE	CAO & EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	R. Barry Cannada	
3.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
3.4 CITY-ST-ZIP	Jackson, MS 39204	
4.1 TITLE	CFO & Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David R. Black	
4.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
4.4 CITY-ST-ZIP	Jackson, MS 39204	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	W. H. Holman, III	
5.3 STREET ADDRESS	1770 Ellis Ave., Suite 200	
5.4 CITY-ST-ZIP	Jackson, MS 39204	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [Signature]

CR2E034 (5/98)