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9:00 AM 28

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P12305**  
1. Corporation Name  
**SUPERMARKET CIGARETTE SALES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1770 ELLIS AVE SUITE 300 JACKSON MS 39204 US		Mailing Address PO BOX 3409 P.O. BOX 1668 JACKSON MS 39207-3409 US		3. Date Incorporated or Qualified 11/26/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 72-1029831	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
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		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)		FL	
83			
84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, MICHAEL E.	1.2 NAME	
STREET ADDRESS	1700 ELLIS AVE. SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	1.4 CITY-ST-ZIP	
TITLE	PCOO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RONALD E.	2.2 NAME	
STREET ADDRESS	1700 ELLIS AVE. SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	2.4 CITY-ST-ZIP	
TITLE	CAOV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNADA, R. BARRY	3.2 NAME	
STREET ADDRESS	1700 ELLIS AVE. SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	3.4 CITY-ST-ZIP	
TITLE	CFOS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DAVID R.	4.2 NAME	
STREET ADDRESS	1700 ELLIS AVE. SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, W.H. III	5.2 NAME	
STREET ADDRESS	1700 ELLIS AVE. SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204	5.4 CITY-ST-ZIP	
TITLE		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	

03-13-99 90002 013 \$150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: K. Barry Cannada 11/12/99 (601) 346-2200  
K. Barry Cannada, Executive Vice President

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