

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

FILED

May 28 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 #

1. Corporation Name

KASH N' KARRY FOOD STORES, INC.

P20758

Principal Place of Business EXPENSE PAYABLE DEPT PO BOX 2487 SALISBURY NC 28145	Mailing Address EXPENSE PAYABLE DEPT PO BOX 2487 SALISBURY NC 28145
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/88

2. Principal Place of Business 21 CORPORATE TAX DEPT Suite, Apt. #, etc. 22 2110 EXECUTIVE DRIVE City & State 23 SALISBURY NC Zip 24 28145	2a. Mailing Address 26 CORPORATE TAX DEPT Suite, Apt. #, etc. 27 2110 EXECUTIVE DRIVE City & State 28 SALISBURY NC Zip 29 28145	Country 25 US	Country 30 US
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4. FEI Number
95-4161591
☒ Applied For
☒ Not Applicable

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

9. Name and Address of Current Registered Agent
CT CORPORATION
1200 S PINE ISLAND RD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL 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 NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE TOM SMITH 355 CHANDLER RD SALISBURY NC	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	SEE ATTACHED SHEET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE RON DENNIS 4730 EAGLESHAM RD ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE R W MCCANLESS 244 CONFEDERATE AVE SALISBURY NC	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	80000253528 <input checked="" type="checkbox"/> Addition -05/28/98--01085--022 ***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)(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: _____ **704-633-8250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Officers / Directors - Kash N Karry

AS OF

April-98

TITLE	NAME	ADDRESS
Chairman of the Board	Tom Smith	2110 Executive Drive Salisbury, NC 28145
Chief Operating Officer	Mike Byars	2110 Executive Drive Salisbury, NC 28145
Asst. Secretary	Judy Crowell	2110 Executive Drive Salisbury, NC 28145
Exec Vice Pres./ Sect.	R. William McCanless	2110 Executive Drive Salisbury, NC 28145
Vice President	Keith Gehl	2110 Executive Drive Salisbury, NC 28145