

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90129 011 \*\*\*150.00

DOCUMENT # P20758

1. Corporation Name

KASH N' KARRY FOOD STORES, INC.

Principal Place of Business

CORPORATE TAX DEPT.  
2110 EXECUTIVE DRIVE  
SALISBURY NC 28145  
US

Mailing Address

CORPORATE TAX DEPT.  
2110 EXECUTIVE DRIVE  
SALISBURY NC 28145  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1988

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, TOM	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	BYARS, MIKE	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CROWELL, JUDY	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CROWELL, JUDY	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GEHL, KEITH	
STREET ADDRESS	2110 EXECUTIVE DRIVE	
CITY-ST-ZIP	SALISBURY NC 28145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SEE ATTACHED SHEETS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

Judy G Crowell

Judy G Crowell

4/28/99

704-633-8250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

# Officers - Kash N Karry

AS OF

April-99

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TITLE	NAME	ADDRESS
Chairman of the Board	R. William McCanless	2110 Executive Drive Salisbury, NC 28145
Chief Operating Officer	Mike Byars	2110 Executive Drive Salisbury, NC 28145
Exec Vice Pres.	Joseph C. Hall	2110 Executive Drive Salisbury, NC 28145
Vice President	Laura Kendall	2110 Executive Drive Salisbury, NC 28145
Vice President	Keith Gehl	2110 Executive Drive Salisbury, NC 28145
Secretary	Lester Nail	2110 Executive Drive Salisbury, NC 28145
Asst. Secretary	Judy Crowell	2110 Executive Drive Salisbury, NC 28145

## Directors - Kash N Karry

**AS OF**

April-99

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TITLE	NAME	ADDRESS
Director	Tom Smith	2110 Executive Drive Salisbury, NC 28145
Director	R.William McCanless	2110 Executive Drive Salisbury, NC 28145