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

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21142

(5)

FILED Mar 30 1998 8:00am Secretary of State

BACON Principal Place	GROCERY COMPANY, INC.	Mailing Address		1 120 120 110 110 110 110 110 110 110 11	
PO BOX 787 PO BOX 2149 ALMA GA 31510 WAYCROSS GA 31502 US		WAYCROSS GA 31502		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 10/03/1988	
	lace of Business	28. Mailing Address		4. FEI Number 58-0531682	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		C. Commode of States Scott Ba	Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
301	RGESS, GRANVILLE I 1/2 CENTER STREET RNANDINA BEACH FL 32034		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
			84 City	F	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statut Florida Such change was a ons of, Section 607.0505, Flo	es, the above-named corp authorized by the corporal orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
<u></u>	Signature, typod or printed name of registered agreet		Registered Agent signature requi		
TITLE	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	WALKER, JAMES A., JR.	בין טנננונ	1.1 TILE 1.2 NAME		C Cuange C Addition
STREET ADDRESS	RIVER OAKS DR.		1.3 STREET ADDRESS		
CITY - ST - ZIP	BLACKSHEAR GA		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	JONES, J.C., JR.		2.2 NAME		
STREET ADDRESS	BENT TREE CIRCLE BLACKSHEAR GA		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	2. 4 CITY-\$T-ZIP 3.1 TITLE		Change Addition
NAME	WYSONG, PHILIP R.		3.2 NAME		
STREET ADDRESS	ST. MARYS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAYCROSS GA		3 4. CITY-ST-ZIP		
TITLE	C	DELETE	4.1 TITLE		Change Addition
NAME	JONES, J.C., III		4. 2 NAME		
STREET ADDRESS	CENTRAL AVENUE EXTENSION		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAYCROSS GA		4.4 CITY-ST-ZIP		
TITLE	D DATOICK	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, PATRICK		5.2 NAME		
STREET ADDRESS	SEMINOLE SPRINGS DR WAYCROSS GA		5.3 STREET ADDRESS		
CITY-ST-ZIP	WATONOS GA	☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		The Currence The Apparent of the Control of the Con
NAME STOCKY ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
14. Libereby c	certify that the information supplied with	this filing does not qualify for	64 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, I further	certify that the information

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 1.18.07(5)(f), Florida Statutes. Further certify that the 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 experiment with an address.

SIGNATURE:

3/23/98

912-285-4011