

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90003 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P26994
 1. Corporation Name
PUMP AND SAVE, INC.



Principal Place of Business: 1770 ELLIS AVENUE, SUITE 200, JACKSON MS 39204-3613, US
 Mailing Address: PO BOX 3409, JACKSON MS 39207-3409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/21/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		64-0779730	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			85 Zip Code
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D <input type="checkbox"/> DELETE	1.1 TITLE	CEO & President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN W H JR	1.2 NAME	Ronald E. Johnson
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	1.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP	JACKSON MS 39204	1.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE	CEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CAO, EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, MICHAEL E	2.2 NAME	R. Barry Cannada
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	2.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP	JACKSON MS 39204	2.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE	COO <input type="checkbox"/> DELETE	3.1 TITLE	Chairman Emeritus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RONALD E	3.2 NAME	W. H. Holman, Jr.
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	3.3 STREET ADDRESS	1770 Ellis Ave., Suite 200
CITY-ST-ZIP	JACKSON MS 39204	3.4 CITY-ST-ZIP	Jackson, MS 39204
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, W.H., III	4.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 32904	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANADA, R BARRY	5.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 32904	5.4 CITY-ST-ZIP	
TITLE	SRV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DAVID R	6.2 NAME	
STREET ADDRESS	1770 ELLIS AVENUE, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39204-3613	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: *R. Barry Cannada* R. Barry Cannada 7/15/99 (601) 346-2200

CR2E034 (5/99)

P26994
593337-90003-43

R. Barry Cannada
Chief Administrative Officer
Executive Vice President
and General Counsel

Jitney Jungle Stores of America, Inc.
Post Office Box 3409
Jackson, Mississippi 39207
1770 Ellis Avenue, Suite 200
Jackson, Mississippi 39204-3613
Telephone 601.346.2200
Facsimile 601.346.2158
E-mail: rbcannada@jitney.com

July 15, 1999

JJSA

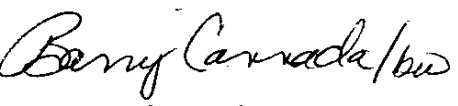
Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 1999 Profit Corporation Annual Report
Pump and Save, Inc., Doc. # P26994

Dear Ms. Harris:

Please be advised that Pump and Save, Inc. did not receive the first notice of the 1999 Annual Report being due. Due to this circumstance, I am therefore submitting the filing fee of \$150.00.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,


R. Barry Cannada
Chief Administrative Officer,
Executive Vice President and General
Counsel

RBC\bw
Enclosures