

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

FILED  
Jun 23 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 # P97000091713

1. Corporation Name  
FL FOOD LION, INC.

Principal Place of Business 2110 EXECUTIVE DRIVE SALISBURY NC 28145	Mailing Address 2110 EXECUTIVE DRIVE SALISBURY NC 28145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 CORPORATE TAX DEPT	2a. Mailing Address 26 CORPORATE TAX DEPT	4. FEI Number 56-2051565	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 2110 EXECUTIVE DRIVE	Suite, Apt. #, etc. 27 2110 EXECUTIVE DRIVE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 SALISBURY NC	City & State 28 SALISBURY NC	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 28145	Country 25 US	Zip 29 28145	Country 30 US
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/D TOM E SMITH 2110 EXECUTIVE DRIVE SALISBURY NC 28145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/D KEITH M GEHL 2110 EXECUTIVE DRIVE SALISBURY NC 28145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S/D LESTER C NAIL 2110 EXECUTIVE DRIVE SALISBURY NC 28145 <input type="checkbox"/> Change <input checked="" 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	T/D RICHARD JAMES 2110 EXECUTIVE DRIVE SALISBURY NC 28145 <input type="checkbox"/> Change <input checked="" 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 100002571-161 06/24/98-01083-049 ***100.00
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6-23 9/2

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: Richard James, Treasurer Date: 11-28-98 704-633-8250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

## **Officers / Directors - FL Food Lion**

**AS OF**

**April-98**

<b>TITLE</b>	<b>NAME</b>	<b>ADDRESS</b>
President Director	Tom E. Smith	2110 Executive Drive Salisbury, NC 28145-1330
Vice President Director	Keith M. Gehl	2110 Executive Drive Salisbury, NC 28145-1330
Secretary Director	Lester C. Nail	2110 Executive Drive Salisbury, NC 28145
Asst Sec. / Treasurer Director	Richard James	2110 Executive Drive Salisbury, NC 28145