

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90106 011 ***150.00

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1. Entity Name
FL FOOD LION, INC.



Principal Place of Business

2110 EXECUTIVE DRIVE
CORPORATE TAX DEPT.
SALISBURY, NC 28145

Mailing Address

2110 EXECUTIVE DRIVE
CORPORATE TAX DEPT.
SALISBURY, NC 28145

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2051565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANICETTI, RICHARD A
STREET ADDRESS 2110 EXECUTIVE DR
CITY-ST-ZIP SALISBURY, NC 281451330

TITLE AS
NAME HAYES, JOSEPH A III
STREET ADDRESS 2110 EXECUTIVE DRIVE
CITY-ST-ZIP SALISBURY, NC 281451330

TITLE S
NAME EVANS, G LINN
STREET ADDRESS 2110 EXECUTIVE DRIVE
CITY-ST-ZIP SALISBURY, NC 28145

TITLE AST
NAME JAMES, RICHARD
STREET ADDRESS 2110 EXECUTIVE DRIVE
CITY-ST-ZIP SALISBURY, NC 28145

TITLE VP Jr.
NAME DIXON/R. GLENN
STREET ADDRESS 2110 EXECUTIVE DRIVE
CITY-ST-ZIP SALISBURY, NC 28145

TITLE VP
NAME HERDON, CAROL
STREET ADDRESS 2110 EXECUTIVE DRIVE
CITY-ST-ZIP SALISBURY, NC 281451330

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G. Linn Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2005
Date

(704) 633-8250
Daytime Phone #