

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G67578 (6)**
1. Corporation Name
STOP & SAV STORES, INC.



Principal Place of Business: **329 N MARKET BLVD, P.O. BOX 300, WEBSTER FL 33597**
Mailing Address: **S.R. 471, P.O. BOX 300, WEBSTER FL 33597**

3. Date Incorporated or Qualified: **11/03/1983**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
		26	329 N MARKET BLVD		59-2330931	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30	Country			
			33597			
			SUMTER			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LYNCH, KENNETH NE 1ST ST. WEBSTER FL 33597				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LYNCH, KENNETH		1.2 NAME				
STREET ADDRESS	NE 1ST ST. (PO BOX 300)		1.3 STREET ADDRESS			329 N MARKET BLVD	
CITY-ST-ZIP	WEBSTER FL		1.4 CITY-ST-ZIP			WEBSTER FL 33597	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LYNCH, RUTH		2.2 NAME				
STREET ADDRESS	NE 1ST ST. (PO BOX 300)		2.3 STREET ADDRESS			329 N MARKET BLVD	
CITY-ST-ZIP	WEBSTER FL		2.4 CITY-ST-ZIP			WEBSTER FL 33597	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LYNCH, RUTH		3.2 NAME				
STREET ADDRESS	NE 1ST ST. (PO BOX 300)		3.3 STREET ADDRESS			329 N MARKET BLVD	
CITY-ST-ZIP	WEBSTER FL		3.4 CITY-ST-ZIP			WEBSTER FL 33597	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kenneth Lynch* 1-17-96 352-793-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)