

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 900 WEBSTER FL 33597	Mailing Address S.R. 471 P.O. BOX 900 WEBSTER FL 33597
---	--

2. Principal Place of Business 21 329 N. MARKET BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 329. N. MARKET BLVD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/03/1983	3a. Date of Last Report 04/19/1996
22 City & State Webster	27 City & State Webster FL	4. FEI Number 59-2330931	Applied For Not Applicable
23 Zip 33597	28 Zip 33597	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country SUMTER	30 Country SUMTER	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent LYNCH, KENNETH NE 1ST ST. WEBSTER FL 33597		10. Name and Address of New Registered Agent	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 329 N. MARKET BLVD
83	
84 City Webster	85 Zip Code FL 33597

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]* DATE: **1-10-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, KENNETH	1.2 NAME	
STREET ADDRESS	329 N MARKET BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	1.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, RUTH	2.2 NAME	
STREET ADDRESS	329 N MARKET BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, RUTH	3.2 NAME	
STREET ADDRESS	329 N MARKET BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	3.4 CITY-ST-ZIP	
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 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: *[Signature]* DATE: **1-10-97**

CR2E034 (9/96)