

# AMENDED

B10 (Official Form 10)  
(Rev. 6/91)

Claim Comment Text

SUPERSEDES CLAIM DATED 06/12/03 IN THE AMOUNT OF \$684 21

United States Bankruptcy Court

PROOF OF CLAIM

/WILMINGTON

District of DELAWARE

In re (Name of Debtor)  
FLEMING COMPANIES INC

Case Number  
0310945

MFW

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor  
(The person or entity to whom the debtor owes money or property)  
State of Florida - Department of Revenue

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and Addresses Where Notices Should be Sent  
Bankruptcy Section  
Post Office Box 6668  
Tallahassee, Florida  
32314-6668  
Telephone No (850) 921 2151

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

REC'D OCT 02 2003

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
78-01-072972-80/4

Check here if this claim  replaces a previously filed claim dated 6/12/03  
 amends

1 BASIS FOR CLAIM  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes SALES AND USE TAX  
 Other (Describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Wages, salaries, and compensations (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensations for services performed \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

SECURED CLAIM \$ 0 00  
Attach evidence of perfection of security interest  
Brief Description of Collateral  
 Real Estate  Motor Vehicle  Other (Describe briefly)

UNSECURED PRIORITY CLAIM \$ 127,219 37  
Specify the priority of the claim  
 Wages, salaries, or commissions (up to \$2000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

Amount of arrearage and other charges included in secured claim above if any \$ \_\_\_\_\_  
 UNSECURED NONPRIORITY CLAIM \$ 57,249 92  
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

Contributions to an employee benefit plan - U.S.C. § 507(a)(4)  
 Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal family household use - 11 U.S.C. § 507(a)(6)  
 Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8)  
 Other - 11 U.S.C. § 507(a)(2) (a)(5) - (Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED  
\$ 57,249 92 (Unsecured) \$ 0.00 (Secured) \$ 127,219 37 (Priority)

\$ 184,469 29 (Total)

Check this box if claim includes prepetition charges in addition to the principal amount to the claim. Attach itemized statement of all additional charges.

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

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7 SUPPORTING DOCUMENTS Attach copies of supporting document such as promissory notes, purchase orders, invoices, itemized statements, running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

Date  
9/19/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

DEBRA PILGRIM  
TAX SPECIALIST I (850) 921-2151

Fleming Companies Claim





# Legal Claims Summary Sheet Pre-Petition Claims

DR 88  
R 07/01

New Case  
 Prior Case

Out of State  
Case Code

# AMENDED

Taxpayer's Name FLEMING COMPANIES INC		Location of Court /WILMINGTON DELAWARE	
Business Name		Bankruptcy Case Number 53/0310945 MFW	
Address 1945 LAKEPOINTE DRIVE		Chapter Number 11	Petition Date 4/01/03
City LEWISVILLE	State TX	Zip Code 75057-6424	Account Number 78-01-072972-80/4
Tax Type SALES AND USE TAX		Date Business Close/Date Converted	

Period Due	Tax Amount	Tax Type	Tax Account	R itm/Court Fees	Penalty	Interest	Returned Check Control Number
04/00	Audit# 311919	607010					
03/03	116255.78	Audit			57249.92	10279.38	
03/03	684.21	Actual			0.00	0.00	

TOTAL TAX \$ 116,939.99 PENALTY \$ 57,249.92 INTEREST \$ 10,279.38

Amended Claim  
Supersedes Claim for \$ 684.21

Dated 6/12/03

Adj \$ 183785.08

Court Costs/Sheriff's Fee \$ 0.00  
 Returned Check Fee \$ 0.00  
 Total of Claim \$ 184,469.29

Unsecured Priority Claim     Secured Claim

Date Tax Lien Filed \_\_\_\_\_

Trustee's Name \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Trustee's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CHRISTOPHER J LHULIER  
 Attorney's Name  
919 N MARKET STREET 16TH FLOOR  
 Attorney's Address  
WILMINGTON DE 19899-  
 City State Zip  
(302) 778-6405  
 Attorney's Phone No

Date Prepared 9/19/03 Prepared By DP P & I Figured to 4/01/03