

118817

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Annual Report
Filed 3-23-89

2 pgs.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

FILED

1989 MAR 23 PM 5:19

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FL 32301

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office:

118817 6
WINN-DIXIE STORES, INC.
D.H. BRAGIN
5050 EDGEWOOD COURT
JACKSONVILLE, FL 32205-3601

If above address is incorrect in any way, enter the correct address
in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida

12/26/1928

4 Federal Employer Identification Number (FEIN)

59-0514290

5 Date of Last Report

03/24/1988

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1 Titles	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
1 ST	BRAGIN, D.H.	5050 EDGEWOOD COURT	JACKSONVILLE, FL	
2 S	BRYAN, J. S., JR.	5050 EDGEWOOD COURT	JACKSONVILLE, FL	
3 D	JAMES, F L	5050 EDGEWOOD COURT	JACKSONVILLE, FL	
4 P/D	KUFELDT, JAMES	5050 EDGEWOOD COURT	JACKSONVILLE, FL	
5 D	DAVIS, WAYNE T JR	5050 EDGEWOOD COURT	JACKSONVILLE, FL	
6 D	DAVIS, JAMES E	5050 EDGEWOOD COURT	JACKSONVILLE, FL	

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

BRAGIN, D.H.
5050 EDGEWOOD CT
JACKSONVILLE, FL 32205

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 FS.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer or Director signing must be listed in Block 6.)

Signature _____

Typed Name of Signing Officer or Director

D. H. Bragin

Title

TREASURER

Date

2/15/89

Telephone Number

904-783-5000

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐