

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 112252 (2)

1. Corporation Name
PUBLIX SUPER MARKETS, INC.



Principal Place of Business: 1936 GEORGE JENKINS BLVD. P.O. BOX 407 LAKELAND FL 33802
Mailing Address: 1936 GEORGE JENKINS BLVD. P.O. BOX 407 LAKELAND FL 33802

3. Date Incorporated or Qualified: 12/27/1921
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-0324412
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
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9. Name and Address of Current Registered Agent: BILLUPS, S. KEITH, 1936 GEORGE JENKINS BLVD., LAKELAND FL 33801
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

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: _____ (Date) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: HOLLIS, MARK C.	1.1 TITLE: President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1936 GEORGE JENKINS BLVD		12 NAME: Crenshaw, William E.	
CITY-STATE-ZIP: LAKELAND FL	<input checked="" type="checkbox"/> DELETE	13 STREET ADDRESS: 1936 George Jenkins Blvd	
TITLE: C	NAME: JENKINS, HOWARD	14 CITY-STATE-ZIP: Lakeland, FL 33802-0407	
STREET ADDRESS: 1936 GEORGE JENKINS BLVD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP: LAKELAND FL		2.2 NAME:	
TITLE: S	NAME: BILLUPS, S. KEITH	2.3 STREET ADDRESS:	
STREET ADDRESS: 1936 GEORGE JENKINS BLVD	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP:	
CITY-STATE-ZIP: LAKELAND FL		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: JOHNSON, TINA P	3.2 NAME:	
STREET ADDRESS: 1936 GEORGE JENKINS BLVD	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS:	
CITY-STATE-ZIP: LAKELAND FL		3.4 CITY-STATE-ZIP:	
TITLE: V	NAME: JENKINS, CHARLES H JR.	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1936 GEORGE JENKINS BLD	<input type="checkbox"/> DELETE	4.2 NAME:	
CITY-STATE-ZIP: LAKELAND FL		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-STATE-ZIP:	
NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-STATE-ZIP:		5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-STATE-ZIP:	
NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-STATE-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-STATE-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: *S. Keith Billups* S. Keith Billups 1/31/96 941-688-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DURING FILING

CR2E034 (12/95)