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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 112252
 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 - Attn. Licenses LAKELAND FL 33802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc. <i>add: Attn. Licenses</i>
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 12/27/1921	
4. FEI Number 59-0324412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BILLUPS, S. KEITH
1936 GEORGE JENKINS BLVD.
LAKELAND FL 33815

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CRENSHAW, WILLIAM E.
STREET ADDRESS	1936 GEORGE JENKINS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	C <input type="checkbox"/> DELETE
NAME	JENKINS, HOWARD
STREET ADDRESS	1936 GEORGE JENKINS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BILLUPS, S. KEITH
STREET ADDRESS	1936 GEORGE JENKINS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, TINA P
STREET ADDRESS	1936 GEORGE JENKINS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	V <input type="checkbox"/> DELETE
NAME	JENKINS, CHARLES H JR.
STREET ADDRESS	1936 GEORGE JENKINS BLD
CITY-ST-ZIP	LAKELAND FL
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Phillips, David P.
4.3 STREET ADDRESS	1936 George Jenkins Blvd
4.4 CITY-ST-ZIP	Lakeland, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *S. Keith Billups* **S. Keith Billups** 2/24/99 941-688-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)