

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90339 026 ***158.75

DOCUMENT # 112252

1. Entity Name

PUBLIX SUPER MARKETS, INC.



Principal Place of Business

**3300 AIRPORT RD
LAKELAND FL 33811-3002**

Mailing Address

**PO BOX 32024
LAKELAND FL 33802-2024**

2. Principal Place of Business

3. Mailing Address

PO Box 32018

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Treasury Licenses

City & State

City & State

Lakeland, FL

Zip

Country

Zip

Country

33802-2018

Polk

MOORE

CR2E034 (1/1/03)

4. FEI Number

59-0324412

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATTAWAY, JOHN A JR.
3300 AIRPORT RD
LAKELAND FL 33811-3002**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

\$ 158.75

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CRENSHAW, WILLIAM E**
STREET ADDRESS **3300 AIRPORT RD**
CITY-ST-ZIP **ORLANDO FL 32811-3002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CS** ☐ Delete
NAME **ATTAWAY, JOHN A JR.**
STREET ADDRESS **3300 AIRPORT RD**
CITY-ST-ZIP **LAKELAND FL 33811-3002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFOT** ☐ Delete
NAME **PHILLIPS, DAVID P**
STREET ADDRESS **3300 AIRPORT RD**
CITY-ST-ZIP **LAKELAND FL 33811-3002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **JENKINS, CHARLES H JR**
STREET ADDRESS **3300 AIRPORT RD**
CITY-ST-ZIP **LAKELAND FL 33811-3002**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/04

863-616-5701