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Annual Report

Filed 6-28-65

2 pgs.

POSTMASTER
 Check Return for Non-Delivery
 () If Mail, return to address
 () If Office, business
 () If Not an address
 () If Address
 () If Not for return
 () If Address

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
 FLORIDA REVENUE COMMISSION

BULK RATE
 U. S. POSTAGE
 PAID
 Tallahassee, Fla.
 Permit No. 24

RETURN REQUESTED

Tallahassee, Florida

Refer to This Number
 in All Correspondence

This return is due
 on July 1

WMA-DIXIE STORES INC
 P. F. ARNALL
 BOX B
 JACKSONVILLE FLA

26-08-A-118317

1965

U.S. MAIL PERMIT NO. 24 TALLAHASSEE, FLA. (32203) INSERT ZIP CODE IF NOT SHOWN

1. WMA-Dixie Stores, Inc. Jul-13-65 127647 Ill (give exact name of corporation) 2. Box B Jacksonville Duval Fla. (General nature of business) 233411 Grocery 33.65

3. Box B (Street or Post Office Box of principal place of business) Jacksonville Duval Fla. (City) (County) (State)

4. a. A. D. Davis (Officers Name) President (Title) Jacksonville (Address)

b. B. L. Thomas V. Pres. Jacksonville

c. P. F. Arnall Treas. Jacksonville

d. J. S. Bryan, Jr. Secy Jacksonville

5. a. A. D. Davis (Directors Name) (Law requires at least (3) three) (Address) Jacksonville

b. James E. Davis Jacksonville

c. FORN HILL GRIFFIN, JR. Frostproof, Fla.

d. WILLIS B. LANE, JR. Atlanta, Ga.

6. P. F. Arnall (Resident Agent Name) 5050 Edgewood Ct. Jacksonville (Address)

I hereby acknowledge acceptance of the appointment as resident agent upon whom service of process may be made P. F. Arnall (Signature of resident agent)

7. Last meeting of Directors 10/2/64 (Month - Day - Year) 8. Corporation Active? yes (Yes or No) 9. If inactive, inactivity began (Month - Day - Year)

10. If inactive, will corporation begin business in the future? (Yes or No) 11. Date Incorporated 12/26/28 (Month - Day - Year) 12. Date Qualified in Fla. (Month - Day - Year)

13. Total Authorized Capital Stock:	14. Outstanding Capital Stock:
<u>15,000,000</u> \$ <u>1.00</u>	(a) <u>12,640,234</u> \$ <u>1.00</u> \$ <u>12,640,234.00</u>
(No. of shares with par value) (Par value each)	(No. of shares with par value) (Par value each) (Total value)
<u> </u> \$ <u> </u>	(b) <u> </u> (No. of shares with par value) (Par value each) (Total value)
(No. of shares without par or nominal value)	(c) <u> </u> (No. of shares without par or nominal value) (Total actual amount)
	(d) Total (a) + (b) + (c) \$ <u> </u> (Total value)

15. Amount of tax Due \$

16. Less Credit Memo if any \$

17. Amount of tax remitted with this return \$ 2,000.00

18. If foreign corporation, give amount of capital employed in Florida. \$

19. If foreign corporation, give the number of States in which you do business.

20. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By P. F. Arnall President or V-President Attest: [Signature] Secretary

STATE OF FLORIDA COUNTY OF DUVAL

Personally appeared before me [Signature] who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to, and subscribed before me this 22nd day of July 19 65
 (Notary Seal) My Commission Expires August 17, 1965
 Signature of Notary taking acknowledgment