

118817

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Annual Report
Filed 4-18-85

2 pgs.

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
Change of Name
Secretary of State
1900 BANK BUILDING
TALLAHASSEE, FLORIDA 32301

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office		2 Enter Change of Address of Corporation Principal Office P.O. Box Number (None is NONE)	
118817 INN-DIXIE STORES, INC. W. F. FANT 5050 EDGEWOOD COURT JACKSONVILLE, FL 32205		Street Address P.O. Box No. City State	
If above address is incorrect in any way enter the correct address in item 2. Include Zip Code.			

3 Date Incorporated or Qualified To Do Business in Florida: 12/26/1928	4 Federal Employer Identification Number: 59-054290	5 Date of Last Report: 04/27/1984
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6 Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
1 FANT, W F	T	5050 EDGEWOOD COURT	JACKSONVILLE, FL
2 HEAD, R J <i>BRYAN, JR. JR</i>	T S	5050 EDGEWOOD COURT	JACKSONVILLE, FL
3 JAMES, F L	D	5050 EDGEWOOD COURT	JACKSONVILLE, FL
4 DAVIS, DANO A	P/O	5050 EDGEWOOD COURT	JACKSONVILLE, FL
5 DAVIS, WAYNE T JR	D	5050 EDGEWOOD COURT	JACKSONVILLE, FL
6 DAVIS, JAMES E	D	5050 EDGEWOOD COURT	JACKSONVILLE, FL

7 Name and Address of Current Registered Agent		8 Name and Address of New Registered Agent	
FANT, W. F. 5050 EDGEWOOD CT JACKSONVILLE, FL 32205		Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer 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 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

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

Signature: <i>W. F. Fant</i>	Date: <i>4-10-85</i>
Typed Name of Signing Officer: W. F. FANT	Title: Treasurer
	Telephone Number: 904-783-5000

11 Should you desire a certificate of status check the box. **CERTIFICATE OF STATUS DESIRED**
\$5 additional fee required for a Certificate of Status

CHRON (1/84)