

118817

Annual Report  
Filed 7-6-64

2 pgs.

# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
**FLORIDA REVENUE COMMISSION**  
Tallahassee, Florida

Refer to This Number  
in All Correspondence

This return is due  
on July 1

26-08-A-118317

1965.

MIN-DIXIE STORES INC  
P. O. BOX 111  
JACKSONVILLE FLA

1. Min-Dixie Stores, Inc. (Give exact name of corporation) (Official nature of business) 2. Retail Grocery

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

4. a. R. D. Brown President Jacksonville  
(Officer's Name) (Title) (Address)

b. A. D. Davis V. President Jacksonville

c. J. J. Brown Jacksonville

d. S. J. Brown Jacksonville

e. S. J. Brown, Jr. Jacksonville

5. a. James A. Brown (Address) (Tax requires at least (3) three)

b. A. D. Davis Jacksonville

c. Donnie Griffin, Jr. Frostproof, Fla.

d. W. B. Lane, Jr. Atlanta, Ga.

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

7. Last meeting of Directors: 10/1/65 (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 (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:

(No. of shares with par value)	\$ _____ (Par value each)	\$ _____ (Total value)
(No. of shares with par value)	\$ _____ (Par value each)	\$ _____ (Total value)
(No. of shares without par or nominal value)		\$ _____ (Total actual value)

14. Outstanding Capital Stock: (issued)

(a) _____ (No. of shares with par value)	\$ _____ (Par value each)	\$ _____ (Total value)
(b) _____ (No. of shares with par value)	\$ _____ (Par value each)	\$ _____ (Total value)
(c) _____ (No. of shares without par or nominal value)		\$ _____ (Total actual value)
(d) Total (a) + (b) + (c)		\$ _____

15. Amount of tax Due \$ \_\_\_\_\_

16. Less Credit \_\_\_\_\_

17. Memo if any \$ \_\_\_\_\_

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

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

20. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_

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

STATE OF FLORIDA  
COUNTY OF DUVAL

Personally appeared before me \_\_\_\_\_ 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 5th day of July 1965.

(Notary Seal) \_\_\_\_\_  
Signature of Notary taking acknowledgment