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Annual Report

7-12-67

2 pgs.

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
FLORIDA REVENUE COMMISSION

Tallahassee, Florida
OR ANY PLACE WHERE YOU CAN BE REACHED
FOR DIRECT CORRESPONDENCE

Refer to This Number
in All Correspondence

This return is due
on July 1, 1967

26-08-A-115517
12/26/66

1367

JUL-12 07 335533 JW 1 1967 2:30:55

<p>1. <u>Winn-Dixie Stores, Inc.</u> <small>(Give exact name of corporation)</small></p>	<p>2. <u>Retail Grocery</u> <small>(General nature of business)</small></p>
<p>3. <u>Box B</u> <small>(Street or Post Office Box of principal place of business)</small></p>	<p><u>Jacksonville</u> <small>(City)</small></p>
	<p><u>Duval</u> <small>(County)</small></p>
	<p><u>Fla.</u> <small>(State)</small></p>
<p>4.a. <u>B. L. Thomas</u> <small>(Officer's Name)</small></p>	<p><u>President</u> <small>(Title)</small></p>
	<p><u>Jacksonville</u> <small>(Address)</small></p>
<p>b. <u>B. D. Davis</u></p>	<p><u>V. President</u></p>
	<p><u>Jacksonville</u></p>
<p>c. <u>H. W. Evans</u></p>	<p><u>V. President</u></p>
	<p><u>Jacksonville</u></p>
<p>d. <u>J. J. Smith</u></p>	<p><u>Treas.</u></p>
	<p><u>Jacksonville</u></p>
<p>5.a. <u>James E. Davis</u> <small>(Directors - Name) (Law requires at least (3) three)</small></p>	<p><u>Secy.</u></p>
	<p><u>Jacksonville</u> <small>(Address)</small></p>
<p>b. <u>B. D. Davis</u></p>	<p><u>Jacksonville</u></p>
<p>c. <u>W. H. Griffin, Jr.</u></p>	<p><u>Frostproof, Fla.</u></p>
<p>d. <u>W. L. Lane, Jr.</u></p>	<p><u>Atlanta, Ga.</u></p>

6. P. F. Arnall
(Resident Agent Name)

5050 Edgewood Ct.
(Address)

Jacksonville

7. Last meeting of Directors 10/7/66
(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. If foreign corporation, Date Qualified in Fla.
(Month - Day - Year)

13. Total Authorized Capital Stock:

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

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 \$

17. Penalty and Interest (see instructions) \$

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.

By President or V-President
STATE OF FLORIDA
COUNTY OF DUVAL

Attest: [Signature]
Secretary

Personally appeared before me Robert D. Davis
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 3rd day of July 19 67.

(Notary Seal) [Signature]
Signature of Notary Public