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Annual Report

Filed 4-13-94

3pgs.

**WINN  DIXIE**  
America's Supermarket®

WINN-DIXIE STORES, INC. 5050 EDGEWOOD COURT P.O. BOX B JACKSONVILLE, FLORIDA 32203-0927 (904) 783-5000

ANGELA BARAGONA  
Tax Manager

Certified Mail  
Return Receipt  
#P 888 878 411

4/8/94

Division of Corporations  
Annual Reports Section  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed is the 1994 Corporation Annual Report for Winn-Dixie Stores, Inc., along with a check in the amount of \$200.00.

Please acknowledge receipt of the enclosures by signing and returning a stamped copy of this letter in the envelope provided.

Sincerely,

*Angela Baragona*

Angela Baragona

AB/mh

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
  
94 APR 13 AM 7:50  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**WINN-DIXIE STORES, INC.**

**DOCUMENT #  
118817 (6)**

Mailing Address  
**WIN-DIXIE  
5050 EDGEWOOD COURT  
JACKSONVILLE FL 32205**

Principal Place of Business  
**WIN-DIXIE  
5050 EDGEWOOD COURT  
JACKSONVILLE FL 32205**

If above addresses are incorrect in any way, file through in center information and enter correction below

3. Date Incorporated or Qualified **12/28/1928** 3a. Date of Last Report **03/08/1993**

2. Mailing Address

2a. Principal Place of Business

4. FEI Number **59-0514290** Applied For  Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**  6. Election Campaign Financing Trust Fund Contribution

22. City & State

27. City & State

7. Nonprofit Exempt from \$138.75 Supplemental Fee  **\$5.00 May Be Added to fees**

23. Zip

28. Zip

8. This corporation has liability for intangible tax under F.S. 199.052, Florida Statutes  Yes  No

24. **32254** Country

29. **32254** Country

9. Name and Address of Current Registered Agent  
**BRAGIN, D.H.  
5050 EDGEWOOD CT  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508 of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or registered agent in lieu, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>BRAGIN, D H</b>
12.2 STREET ADDRESS	<b>5050 EDGEWOOD COURT JACKSONVILLE FL</b>
12.3 CITY & STATE	<b>J</b>
12.4 NAME	<b>RIPLEY, W. E., JR.</b>
12.5 STREET ADDRESS	<b>5050 EDGEWOOD COURT JACKSONVILLE FL</b>
12.6 CITY & STATE	<b>J</b>
12.7 NAME	<b>JAMES, F L</b>
12.8 STREET ADDRESS	<b>5050 EDGEWOOD COURT JACKSONVILLE FL</b>
12.9 CITY & STATE	<b>J</b>
12.10 NAME	<b>KUFELDT, JAMES</b>
12.11 STREET ADDRESS	<b>5050 EDGEWOOD COURT JACKSONVILLE FL</b>
12.12 CITY & STATE	<b>J</b>
12.13 NAME	<b>DAVIS, T. WAYNE</b>
12.14 STREET ADDRESS	<b>5050 EDGEWOOD COURT JACKSONVILLE FL</b>
12.15 CITY & STATE	<b>J</b>
12.16 NAME	<b>DAVIS, JAMES E</b>
12.17 STREET ADDRESS	<b>5050 EDGEWOOD COURT JACKSONVILLE FL</b>
12.18 CITY & STATE	<b>J</b>

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY & STATE	

**C/O  
Davis, A. Dano  
5050 Edgewood Ct.  
Jacksonville, FL 32254**

**VPTD  
C. H. McKellar  
5050 Edgewood Ct.  
Jacksonville, FL 32254**

14. I, the undersigned, hereby certify that the information supplied with this filing is correct, true and does not contain any untrue or misleading information. I understand that the information supplied is checked against the public records of the Division of Corporations from any liability of non-compliance with Section 199.052 of the Florida Statutes. I understand that the information indicated on this annual report is required to be filed in the State of Florida by the corporation's board of directors. I understand that I have fulfilled all obligations concerning the filing of this report as required by Chapter 199 of the Florida Statutes and that my name appears on the public records of the State of Florida.

SIGNATURE: **D. H. Bragin** APR 07 1994 904-783-5117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR