

Annual Report

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|  | No. A-18817- UU                         |  |
| ì  | Tax for Years                           |  |
|  |   |  |
|  | 196·2                                   |  |
| ;  | CORPORATION REPORT AND TAX RETURN OF    |  |
|  | Winn - Lexie Stor                       |  |
| ••   | July - Mayer De                         |  |
|  |   |  |
|  | P. O. ADDRESS                           |  |
|  | (Do not write below this line)          |  |
|  | Filed in the office of the Secretary of | State of   |
| •<br>•   | the State of Florida, this              | to the second se |
| 4.   | day of                                  |  |
| g different<br>All <del>Tri</del> d  | Secretary of                            | State.   |
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| The state of the s | JUL 26 1962  | Do not write in this space.                                     |
|--|--|---|
|  | Corporation Report and Tax Return  | Amt. Rec.   |
|  | to the   | Amt. Due  |
|  | Secretary of State of Florida  | Refund  |
|  | as required by Chapter 608, Florida Statutes   | Bal. Due  |
|  | as tedutied by Ottables odel storing postation   | Val. No.  |
|  | DIRECTIONS: Read carefully.  Corporations are required to complete IN FULL a report and file with the Secret July 1 annually. Please print or type the information required herein. Make chec payment payable to the Secretary of State. Tax is based on the value of issued at See schedule on taxpayer's COPY. Only one (1) report necessary where more that the time of filing. Amount remitted with this report \$ 1,000.00  | ck for the capital stock tax and outstanding capital stock.     |
|  | I. NAME Give correct name  | 1.0   |
|  | 2 ADDRESS OF PRINCIPAL PLACE OF BUSINESS Dox D   | or Post Office Box)   |
|  | Fackborville Duval (County)  | Florida (State)   |
|  | 3. NAMES AND ADDRESSES OF OFFICERS:  | ,   |
|  | NAME TITLE   | ADDRESS   |
|  | I resident   | Jacksonville  |
|  |  | /peksonville  |
|  | The action of the second of th | Jackso: ville   |
|  |  | Jacksonville  |
| R  | 4. NAMES AND ADDRESSES OF DIRECTORS (law requires at least   |   |
|  | NAME   | ADDRESS   |
|  | A. D. David  | acksonville   |
| T  | 2012   | Jacksonville  |
|  | y. S. Jerso  | Jacksonville  |
| , N  | 1 2 2 1 R 12 | Anlanta, Ga.  |
| 8-7-   | 5. NAME OF RESIDENT AGENT. I. L. Ar all ADD  | RESS PAN  |
| <b>6</b>   | Jacksonville, Fla.   |   |
|  | •  |   |
|  | CAPITAL STOCK STATEMENT*   |   |
| I  | *NO PAR value shares are presumed to have a value of at least \$100.00 per share, but report a financial statement showing actual value, including surplus which has become a part of investor.  | ed capital  |
|  | 6. Total AUTHORIZED Capital Stock:   |   |
|  | 17. M. Shares of the par value of \$ 1.00 each.  |   |
| <b>™</b> T   | Shares without nominal or par value.   | •   |
|  | 7. OUTSTANDING Capital Stock:  1 10 12 1   | 12,750.000  |
|  |  | \$  |
|  |  | 12,750,000  |
| $\Lambda$  | Total OUTSTANDING capital stock  8. Date of last meeting of Directors May 4, 1962  | <b>3</b>  |
|  | Is the core ation active? Vos If inactive, state how lon   |   |
|  | Is the purpose of the corporation to begin business in the future?   |   |
|  | 9. General nature of business engaged in Retail Grocery  | * * *   |
| T  | 10. Date incorporated December 26, 1920  |   |
|  | 11. We, the undersigned, certify the above statement of facts to be true   | and correct as shown by   |
|  | our books.   |   |
|  | 15 / Mmus Y / Corpo  | rate Seal)  |
|  | Dy Richident Attest: Sec   | Chary   |
|  | STATE OF FLORIDA   |   |
|  | Personally appeared before me 3 4 Thomas   |   |
|  | who deposes and says that he executed this certificate for and in behalf   | f of said corporation and                                       |
|  | that the statement herein contained is true and correct to the best of h   | is knowledge and belief.  |
|  | Sworn to and subscribed before me this 30 th day of  | June 19 62  |
|  | (Notary Seal)  |   |
|  | ORIGINAL. Tear apart. Send in only the original. Keep COPY for y   | taking scknowledgment Outbirggas Public State Of Florida At Lar |
| ALLE CONTROL BACKET IN SUPPLIED  | Constitute, Year apart. Deale in only the original receptor I for y  | THE THIRT I AM FAMILIA AUGUST IV.                               |