

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90240 035 ***150.00

0039798
AV

DOCUMENT # 118817

1. Entity Name
WINN-DIXIE STORES, INC.



Principal Place of Business
**5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

Mailing Address
**5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, K D		NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JW DIXON		NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, A. DANO		NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLAND, A.R.		NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRUM, D M		NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANSON, R.W.		NAME		
STREET ADDRESS	5050 EDGEWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SID M. BYRUM **REQUIRED** 4/14/03 (904) 783-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)