


FILED
Apr 25 1997 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1997</p>			<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
<p>DOCUMENT # 194746</p> <p>1. Corporation Name WINN-DIXIE LOUISIANA, INC.</p>		<p>(4)</p>	
<p>Principal Place of Business</p> <p>600 EDWARDS AVE HARAHAN LA 70123 US</p>		<p>Mailing Address</p> <p>5050 EDGEWOOD COURT JACKSONVILLE FL 32254-3601 US</p>	

				3. Date Incorporated or Qualified 07/21/1956		3a. Date of Last Report 04/25/1996	
2. Principal Place of Business				2a. Mailing Address			
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.			
22 City & State				27 City & State			
23 Zip Country				28 Zip Country			
24				25			
29				30			
				4. FEI Number 72-0488573		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
E ELLIS ZAHRA JR 5050 EDGEWOOD CT JACKSONVILLE FL 32254		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	VD
NAME	DIXON, J W	1.2 NAME	Sevin, R.A.
STREET ADDRESS	5050 EDGEWOOD CT	1.3 STREET ADDRESS	2400 Hillsborough Ave.
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	Tampa FL 33610
TITLE	TD	2.1 TITLE	P
NAME	BRAGIN, D. H	2.2 NAME	Lunn, R.
STREET ADDRESS	5050 EDGEWOOD COURT	2.3 STREET ADDRESS	600 Edwards Ave.
CITY - ST - ZIP	JACKSONVILLE, FL 00000	2.4 CITY - ST - ZIP	Harahan, LA 70123
TITLE	V	3.1 TITLE	
NAME	MCCOOK, R. P	3.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	
NAME	KUFELDT, JAMES	4.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	HESS, H E	5.2 NAME	
STREET ADDRESS	5400 FULTON IND. BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE	P	6.1 TITLE	
NAME	BROCATO, R J	6.2 NAME	
STREET ADDRESS	600 EDWARDS AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	HARAHAN FL	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/97

904/783-5117

0039702

CR2E034 (9/96)