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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90228 011 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 194746

1. Corporation Name  
WINN-DIXIE LOUISIANA, INC.

Principal Place of Business  
600 EDWARDS AVE  
HARAHAN LA 70123  
US

Mailing Address  
5050 EDGEWOOD COURT  
JACKSONVILLE FL 32254  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1956

4. FEI Number

72-0488573

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

E ELLIS ZAHRA JR  
5050 EDGEWOOD CT  
JACKSONVILLE FL 32254

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 607.0502 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

TITLE DV ☐ DELETE  
NAME HESS, HE  
STREET ADDRESS 5400 FULTON INDL BLVD  
CITY-ST-ZIP ATLANTA GA 30336

TITLE TD ☐ DELETE  
NAME BRAGIN, D. H  
STREET ADDRESS 5050 EDGEWOOD COURT  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE V ☐ DELETE  
NAME MCCOOK, R. P  
STREET ADDRESS 5050 EDGEWOOD COURT  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DV ☐ DELETE  
NAME KUFELDT, JAMES  
STREET ADDRESS 5050 EDGEWOOD COURT  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE P ☐ DELETE  
NAME LUNN, R.  
STREET ADDRESS 600 EDWARDS AVE  
CITY-ST-ZIP HARAHAN LA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bragin 4/12/99 904-783-5117

Date

Daytime Phone #

CR2E034 (1/98)