

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 212631 (6)

1. Corporation Name

WINN-DIXIE GREENVILLE, INC.

Principal Place of Business

5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US

Mailing Address

5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1958

3a. Date of Last Report

04/13/1994

4. FEI Number

57-0378442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2819 Wade Hampton Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Taylor, SC

Zip

Country

24

29

29687

Country

US

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, RONALD D
5050 EDGEWOOD CT
JACKSONVILLE FL 32254

81 Name

E. Ellis Zabra, Jr.

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

E. Ellis Zabra, Jr. 4/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MCDONALD, T.E.
STREET ADDRESS	2401 NEVADA BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 00000
TITLE	TD
NAME	BRAIN, D. H.
STREET ADDRESS	5050 EDGEWOOD CT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	SV
NAME	RIPLEY, W. E., JR.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V
NAME	MCCOOK, R. P
STREET ADDRESS	5050 EDGEWOOD CT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	KUFELDT, JAMES
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	D	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	28273	☒ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	32254	☒ Change ☐ Addition
31 TITLE	S	
32 NAME	J.W. Dixon	
33 STREET ADDRESS		
34 CITY-ST-ZIP	32254	☒ Change ☐ Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP	32254	☒ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP	32254	☒ Change ☐ Addition
61 TITLE	BL Whitford	
62 NAME	2819 Wade Hampton Blvd.	
63 STREET ADDRESS	Taylor, SC 29687	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

D.H. Brain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.H. Brain

4/13/95

904/783-5000