

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 330286 (6)

1. Corporation Name
WINN-DIXIE ATLANTA, INC.



Principal Place of Business: 5400 FULTON IND. BLVD. ATLANTA GA 30336 US
Mailing Address: 5050 EDGEWOOD COURT JACKSONVILLE FL 32254 US

3. Date Incorporated or Qualified 05/20/1968	3a. Date of Last Report 04/26/1995
4. FEI Number 59-1212119	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ZAHRA, E. ELLIS J
5050 EDGEWOOD CT
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 the corporation

(NOTE: Registered Agent signature required for this filing)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	TD	
NAME	BRAGIN, D H	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	
NAME	KUFELDT, JAMES	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	
NAME	HESS, H E	
STREET ADDRESS	5400 FULTON IND. BLVD.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	
NAME	MCCOOK, R. P	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	
NAME	DIXON, J.W.	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	P	
NAME	POWNALL, J.R.	
STREET ADDRESS	5400 FULTON IND. BLVD.	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 119.07(3)(k), 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: *JW Dixon* **JW Dixon 4-15-96** 9047835117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (12/95)