

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **422422** (6)

1. Corporation Name
WINN-DIXIE CHARLOTTE, INC.

Principal Place of Business Mailing Address
5050 EDGEWOOD COURT JACKSONVILLE FL 32254 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/30/1973** 3a. Date of Last Report **04/13/1994**

4. FEI Number **56-1041775** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2401 Nevada Blvd.** 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State
Charlotte, NC

24 Zip 25 Country 29 Zip 30 Country
28273 US

9. Name and Address of Current Registered Agent

**PETERSON, RONALD D
5050 EDGEWOOD COURT
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

B1 Name **E. Ellis Zahra, Jr.**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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]*
Signature, typed or printed name of registered agent and the filer (attach)

(NOTE: Registered Agent signature required when constituting)

E. Ellis Zahra 04/17/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KUFELDT, JAMES
STREET ADDRESS	5050 EDGEWOOD COURT
CITY- ST- ZIP	JACKSONVILLE, FL 00000
TITLE	TD
NAME	BRAGIN, D H
STREET ADDRESS	5050 EDGEWOOD CT
CITY- ST- ZIP	JACKSONVILLE, FL 00000
TITLE	PD
NAME	MCDONALD, T.E.
STREET ADDRESS	1105 NEVADA BLVD
CITY- ST- ZIP	CHARLOTTE, NC 00000
TITLE	VS
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
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	32254
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	32254
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	2401 Nevada Blvd.
3.4 CITY- ST- ZIP	28273
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S.W. Dixon
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	32254
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	32254
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P. B. Tripp
6.3 STREET ADDRESS	2401 Nevada Blvd.
6.4 CITY- ST- ZIP	Charlotte, NC 28273

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)(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: *[Signature]* **D.H. Bragin** 4/13/95 904-783-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)