

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 # 422422 (6)

1. Corporation Name

WINN-DIXIE CHARLOTTE, INC.



Principal Place of Business

2401 NEVADA BLVD.  
CHARLOTTE NC 28273  
US

Mailing Address

5050 EDGEWOOD COURT  
JACKSONVILLE FL 32254  
US

3. Date Incorporated or Qualified  
03/30/1973

3a. Date of Last Report  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E. ELLIS ZAHRA, JR.  
5050 EDGEWOOD COURT  
JACKSONVILLE FL 32254

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE D ☐ DELETE  
NAME MCDONALD, T.E.  
STREET ADDRESS 2401 NEVADA BLVD.  
CITY- ST- ZIP CHARLOTTE, NC 00000

TITLE S ☐ DELETE  
NAME J.W. DIXON  
STREET ADDRESS 5050 EDGEWOOD COURT  
CITY- ST- ZIP JACKSONVILLE, FL 00000

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

TITLE P ☐ DELETE  
NAME B.B. TRIPP  
STREET ADDRESS 2401 NEVADA BLVD.  
CITY- ST- ZIP CHARLOTTE NC

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 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:

*J.W. Dixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.W. Dixon 04-15-96 904 783-5117

Date

Daytime Phone #

CR2E034 (12/95)