

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
2401 NEVADA BLVD. **5050 EDGEWOOD COURT**
CHARLOTTE NC 28273 **JACKSONVILLE FL 32254**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/30/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1041775	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

E. ELLIS ZAHRA, JR.
5050 EDGEWOOD COURT
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	VD	<input type="checkbox"/> DELETE
NAME	KUFELDT, JAMES	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRAIN, D H	
STREET ADDRESS	5050 EDGEWOOD CT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, T.E.	
STREET ADDRESS	2401 NEVADA BLVD.	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	J.W. DIXON	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCOOK, R. P.	
STREET ADDRESS	5050 EDGEWOOD CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	B.B. TRIPP	
STREET ADDRESS	2401 NEVADA BLVD.	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J D FITZGERALD	
1.3 STREET ADDRESS	2401 NEVADA BLVD	
1.4 CITY-ST-ZIP	CHARLOTTE, NC 28273	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

D.H. Brain D.H. Brain

4-14-98 904/783-5117

CR2E034 (10/97)