

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F34031** (7)

1. Corporation Name  
**WINN-DIXIE HANDYMAN, 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: **05/08/1981** 3a. Date of Last Report: **04/13/1994**

4. FEI Number: **58-1434107** 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: 21, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip: 29, 30

9. Name and Address of Current Registered Agent  
**PETERSON, RONALD D  
5050 EDGEWOOD COURT  
JACKSONVILLE FL 32254**

10. Name and Address of Now Registered Agent  
81 Name: **E. Ellis Zahra, 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]* DATE: **04/17/95**

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	KUFELDT, JAMES
STREET ADDRESS	5050 EDGEWOOD COURT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	DP
NAME	HESS, H E
STREET ADDRESS	5400 FULTON IND. BLVD.
CITY - ST - ZIP	ATLANTA GA
TITLE	TD
NAME	BRAGIN, D.H.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	VS
NAME	RIPLEY, JR. W E.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>32254</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>32254</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S.W. Dixon</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>32254</b>
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 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)(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: *[Signature]* **D.H. Bragin** 04/13/95 904/783-5000