

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McLean
Secretary of State
(Tallahassee, Florida 32399)

APPROVED
AND
FILED

5/11/95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004321 (6)**

WINN OPERATING CO.

Principal Place of Business: 3207 INDUSTRIAL 27TH FT. PIERCE FL 34948 US
Mailing Address: 3770A ZIP IND. BLVD. ATLANTA GA 30035 US

DO NOT WRITE IN THIS SPACE

2. Filing Date of Report		2a. Filing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 3770 A Zip Ind. Blvd., S.E.		09/20/1993		08/08/1994	
22. State		27. State		4. FEI Number		Applied For	
22		27		58-2057077		Not Applicable	
23. City & State		29. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		29 Atlanta, Ga.		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24		25		6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		29 30354					
		30 US					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City			
				FL			
				b5 Zip Code			

11. Pursuant to the provisions of Sections 607.05(2) 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, thereby accept the appointment by registered agent. I am familiar with and accept the obligations of Section 607.05(5) Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	DPS THOMPSON, J. ALSTON SR. 576 NORTHSIDE DR., NW ATLANTA GA	1. NAME	D/P Robert J. Payne 576 Northside Dr., N.W. Atlanta, Georgia 30318
2. NAME		2. NAME	D/T/S George E. Morrell 576 Northside Dr., N.W. Atlanta, Georgia 30318
3. NAME		3. NAME	
4. NAME		4. NAME	
5. NAME		5. NAME	
6. NAME		6. NAME	
7. NAME		7. NAME	
8. NAME		8. NAME	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption under S. 199.032(1)(b) Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my registration fee is the same legal office and applicable law. This report is the only document of the corporation or the registrant or the registrant's representative to be filed with the Secretary of State, Florida Statutes, and that my name appears on the back of the document. I understand the consequences of filing with an affidavit.

SIGNATURE: _____ DATE: 5/11/95
George E. Morrell 404-688-6415