

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048547 (1)

1. Corporation Name

WINN-DIXIE LOUISVILLE, INC.

Principal Place of Business

700 LOCUST LANE
LOUISVILLE KY 40217

Mailing Address

700 LOCUST LANE
LOUISVILLE KY 40217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3264623

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

Jacksonville FL

24. Zip

Country

29. Zip

Country

32254

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, RONALD D
5050 EDGEWOOD COURT
JACKSONVILLE FL 32203-0297

81. Name

E. Ellis Zahra, Jr.

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

32254

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]

E. Ellis Zahra Jr. 4/17/95

Signature typed or printed name of registered agent and 11-17-95 date

NOTE: Registered Agent signature required when filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HESS, H.E.
STREET ADDRESS 5400 FULTON INDUSTRIAL BLVD.
CITY, ST, ZIP ATLANTA GA 30336

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE D
NAME BRAGIN, D.H.
STREET ADDRESS 5050 EDGEWOOD CT.
CITY, ST, ZIP JACKSONVILLE FL 32254

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE D
NAME KUFELDT, JAMES
STREET ADDRESS 5050 EDGEWOOD CT.
CITY, ST, ZIP JACKSONVILLE FL 32254

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
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)(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

4/13/95

904/783-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)