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

Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M84903 PETWAY FARMS, INC. Principal Place of Business Mailing Address % THOMAS F. PETWAY. III % THOMAS F. PETWAY, III 2727 ATLANTIC BLVD. 2727 ATLANTIC BLVD. DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 05/31/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2213290 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζιρ Country Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PETWAY, THOMAS F., III 2727 ATLANTIC BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 **B4** City 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 earns of migistined agent and title it applicable (NOTE: Rog stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change Addition 1.1 TITLE TITLE PETWAY, THOMAS F., III 1.2 NAME NAME 2727 ATLANTIC BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition | TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP

14. Thereby 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 grue 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 of the receiver of quiete of the section of the receiver of quiete of the section of the corporation of the receiver of quiete of the section of the receiver of quiete of the section of the section of the receiver of quiete of the section of the s

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