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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712447 (2)
 1. Corporation Name

PUBLIX SUPER MARKETS CHARITIES, INC.

Principal Place of Business 1936 GEORGE JENKINS BLVD. P. O. BOX 407 LAKELAND FL 33902	Mailing Address 1936 GEORGE JENKINS BLVD. P. O. BOX 407 LAKELAND FL 33902
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	30 Zip

3. Date Incorporated or Qualified 03/20/1967	
4. FEI Number 59-6194119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent

DAY, CAROLYN C.
7211 ESTATE ROAD
LAKELAND FL 33809

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 617.0502 and 617.1508, 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 617.0503, 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	SD	<input type="checkbox"/> DELETE
NAME	DAY, CAROLYN C	
STREET ADDRESS	7211 ESTATE ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BARNETT, CAROL	
STREET ADDRESS	5815 LIVE OAK ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, TINA P	
STREET ADDRESS	5020 BAYSHORE BLVD, #601	
CITY-ST-ZIP	TAMPA FL	
TITLE	P D	<input type="checkbox"/> DELETE
NAME	HART, BARBARA O.	
STREET ADDRESS	415 EUNICE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP D	<input type="checkbox"/> DELETE
NAME	BARNETT, HOYT R	
STREET ADDRESS	5815 LIVE OAK ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARNETT, CAROL
2.3 STREET ADDRESS	5815 LIVE OAK ROAD
2.4 CITY-ST-ZIP	LAKELAND, FL 33813
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HART, BARBARA O
4.3 STREET ADDRESS	415 EUNICE DRIVE
4.4 CITY-ST-ZIP	LAKELAND, FL 33803
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn C. Day* **SECRETARY** *1/16/98* **DATE** *(941) 688-7407* **DAYTIME PHONE #** *X 2331*

CR2E037 (10/97)