


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17557					
1. Corporation Name THE PETWAY FAMILY FOUNDATION, INC.					
Principal Place of Business C/O FRED H. STEFFEY 6200 SOUTHPOINT DR., SOUTH. #300 JACKSONVILLE FL 32216			Mailing Address C/O FRED H. STEFFEY 6200 SOUTHPOINT DR., SOUTH. #300 JACKSONVILLE FL 32216		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/22/1986 4. FEI Number 59-2735054 Applied For 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	
9. Name and Address of Current Registered Agent STEFFEY, FRED H. 300 SOUTHPOINT BLDG. 6220 SOUTHPOINT DR. S. JACKSONVILLE FL 32216			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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME PETWAY, THOMAS F. STREET ADDRESS 2727 ATLANTIC BLVD. CITY-ST-ZIP JACKSONVILLE FL			1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME THOMAS F. PETWAY, III 1.3 STREET ADDRESS 2727 ATLANTIC BLVD. 1.4 CITY-ST-ZIP JAX., FL., 32207		
TITLE D <input type="checkbox"/> DELETE NAME PETWAY, ELIZABETH P. STREET ADDRESS 2727 ATLANTIC BLVD. CITY-ST-ZIP JACKSONVILLE FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME PETWAY, THOMAS STREET ADDRESS 2727 ATLANTIC BLVD. CITY-ST-ZIP JACKSONVILLE FL 32207			3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME THOMAS F. PETWAY, IV 3.3 STREET ADDRESS 2727 ATLANTIC BLVD., 3.4 CITY-ST-ZIP JAX., FL., 32207		
TITLE D <input type="checkbox"/> DELETE NAME SEARS, BRETTE E. STREET ADDRESS 2727 ATLANTIC BLVD. CITY-ST-ZIP JACKSONVILLE FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME THOMAS F. PETWAY, III 5.3 STREET ADDRESS 2727 ATLANTIC BLVD. 5.4 CITY-ST-ZIP JAX., FL., 32207		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)