

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N17557 1. Entity Name THE PETWAY FAMILY FOUNDATION, INC.	
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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
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01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2735054	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEFFEY, FRED H.
300 SOUTHPOINT BLDG.
6220 SOUTHPOINT DR. S.
JACKSONVILLE, FL 32216

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when retaxing) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000104499 04/06/04-80014-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETWAY, THOMAS F. III 5011 GATE PKWY STE 150 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETWAY, ELIZABETH P. 5011 GATE PKWY STE 150 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETWAY, THOMAS IV 5011 GATE PKWY STE 150 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETWAY, BRETTE E 5011 GATE PKWY STE 150 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-1-04 Date	Daytime Phone #
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