2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# J37348

Entity Name: REX CORPORATION

Current Principal Place of Business:

136 EASTPORT ROAD
JACKSONVILLE, FL 322183906

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26329
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-2769876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALL, Y. E. JR.
136 EASTPORT ROAD
JACKSONVILLE, FL 32229 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HALL, Y. E. JR.,
Address: 136 EASTPORT ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DS ( ) Delete
Name: HALL, DONNA MARIE,
Address: 136 EASTPOINT RD.
City-St-Zip: JACKSONVILLE,F L.,

Title: D ( ) Delete
Name: BRYAN, CHRISTINA HAL, L
Address: 136 EASTPORT RD.
City-St-Zip: JACKSONVILLE, FL

Title: DT ( ) Delete
Name: SWINSON, GRETCHEN HA, LL
Address: 136 EASTPORT RD.
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: BRYAN, WILLIAM, E,
Address: 136 EASTPORT ROAD
City-St-Zip: JACKSONVILLE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: WILSON, TOM E
Address: 136 EASTPORT ROAD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM WILSON VP 02/19/2004
Electronic Signature of Signing Officer or Director Date