

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 416691

Entity Name: A-JAX COMPANY, INC.

FILED  
Mar 24, 2011  
Secretary of State

**Current Principal Place of Business:**

1500 E 8TH ST  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1500 E 8TH ST  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-1492287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, MARY ANNE  
1500 E 8TH ST  
JACKSONVILLE, FL 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BAKER, MARY ANNE  
Address: 1500 E 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: STD  
Name: KING, MARIA A  
Address: 1500 E 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP  
Name: CLAPSADDLE, DALLAS E  
Address: 1500 E. 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP  
Name: DEVERS, ROBERT J  
Address: 1500 E. 8TH ST.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: COB  
Name: BAKER, DAVID A  
Address: 1500 E 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby 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 all other like empowered.

SIGNATURE: MARY ANNE BAKER

PD

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date