


FILED
May 06, 2008 8:00 am
Secretary of State

4/

04-15-2008 90019 014 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000003394 1. Entity Name JACKSONVILLE WINLECTRIC CO.	
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Principal Place of Business 1000 HURRICANE SHOALS ROAD C-100 LAWRENCEVILLE, GA 30043	Mailing Address 1000 HURRICANE SHOALS ROAD C-100 LAWRENCEVILLE, GA 30043
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66009846



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0068449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARTLEY, JAMES E 2075 N LIBERTY ST. JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MUEGEL, PHILIP E 1000 HURRICANE SHOALS RD C-100 LAWRENCEVILLE, GA 30043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALSMAN, MONTE 3110 KETTERING BLVD. DAYTON, OH 45439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABBOTT, RUSSELL W 6238-A EAST OGELTHORPE HIGHWAY HINESVILLE, GA 31313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Philip E Muegel **PHILIP E MUEGEL** **5-02-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #