

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37348

Entity Name: REX CORPORATION

FILED  
Feb 07, 2008  
Secretary of State

## 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 ( )

## 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: VP ( ) Delete  
Name: BRENNAN, PETER  
Address: 136 EASTPOINT RD.  
City-St-Zip: JACKSONVILLE, FL 32216

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: VP ( ) Delete  
Name: GAMBARDELLA, JOHN  
Address: 136 EASTPORT ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 E. WILSON

VP

02/07/2008

Electronic Signature of Signing Officer or Director

Date