FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P11836** **(4)**

1. Corporation Name

JAX BEACH WINNELSON CO.

Principal Place of Business

700 SHELTER AVENUE
JACKSONVILLE FL 32250

Mailing Address

C/O DAPSCO DAYTON DIV.
777 LIBERTY LANE
DAYTON OH 45449
US

3. Date Incorporated or Qualified: **10/20/1986**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-2705537** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or printed name of registered agent, or the legal entity that is a registered agent) (NOTE: Registered Agent's signature required in order to file) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ARCHER, WILLIAM	
STREET ADDRESS	125 S. 7TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	[✓] DELETE
NAME	SCHINDLER, TED	
STREET ADDRESS	1140 GILLIONVILLE ROAD	
CITY-ST-ZIP	ALBANY GA	
TITLE	ST	[ ] DELETE
NAME	FRY, BENJAMIN	
STREET ADDRESS	777 LIBERTY LANE	
CITY-ST-ZIP	DAYTON OH	
TITLE	D	[ ] DELETE
NAME	COLLINS, CHARLES, JR.	
STREET ADDRESS	1618 INDUSTRIAL PARK CR	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	[ ] DELETE
NAME	OSENBAUGH, JACK	
STREET ADDRESS	1544 W. DOROTHY LANE	
CITY-ST-ZIP	DAYTON OH	
TITLE	D	[✓] DELETE
NAME	JARRETT, JOE	
STREET ADDRESS	615 N. PALM AVENUE	
CITY-ST-ZIP	PALATKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[✓] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS	3120 Kettering Blvd.	
5.4 CITY-ST-ZIP	Dayton OH 45439	
6.1 TITLE	D	[✓] Change [ ] Addition
6.2 NAME	John Lapour	
6.3 STREET ADDRESS	3120 Kettering Blvd	
6.4 CITY-ST-ZIP	Dayton OH 45439	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin Fry — Benjamin Fry **MAR 31 1996** (513) 847-8256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)