

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90027 044 ***150.00

DOCUMENT # P11836

1. Entity Name
JAX BEACH WINNELSON CO.



Principal Place of Business
**700 SHELTER AVENUE
JACKSONVILLE, FL 32250**

Mailing Address
**1000 HURRICANE SHOALS ROAD N.E.
BLDG. D, SUITE 500
LAURENCEVILLE, GA 30043 US**

44015158



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2705537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Philip Estess

03/01/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **MUEGEL, PHILIP E.**
STREET ADDRESS **1000 HURRICANE SHOALS ROAD N.E.**
CITY-ST-ZIP **LAURENCEVILLE, GA 30043**

TITLE **D** ☐ Change ☒ Addition
NAME **Michael L. Creech**
STREET ADDRESS **3500 Commerce Center Dr**
CITY-ST-ZIP **Franklin, OH 45005**

TITLE **D** ☐ Delete
NAME **OSENBAUGH, JACK**
STREET ADDRESS **3120 KETTERING BLVD**
CITY-ST-ZIP **DAYTON, OH**

TITLE **D** ☐ Change ☒ Addition
NAME **Larry Price**
STREET ADDRESS **1137 Gillingville Rd**
CITY-ST-ZIP **Albany, GA 31707**

TITLE **D** ☒ Delete
NAME **GROUT, CALVIN**
STREET ADDRESS **3110 KETTERING BLVD**
CITY-ST-ZIP **DAYTON, OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JUNK, MARK**
STREET ADDRESS **1034 13TH STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Estess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/04

Date

678-377-0537

Daytime Phone #