


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P11836</b> 1. Entity Name JAX BEACH WINNELSON CO.		
Principal Place of Business 700 SHELTER AVENUE JACKSONVILLE, FL 32250	Mailing Address 1000 HURRICANE SHOALS ROAD BLDG. C-100 LAURENCEVILLE, GA 30043 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MUEGEL, PHILIP E. 1000 HURRICANE SHOALS ROAD N.E. LAURENCEVILLE, GA 30043	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSENBAUGH, JACK 3110 KETTERING BLVD DAYTON, OH	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARKIN, MIKE 1000 HURRICANE SHOALS ROAD, C-100 LAURENCEVILLE, GA 30043	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COGGINS, BILL 700 SHELTER AVE JACKSONVILLE BEACH, FL 32250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRICE, LARRY 1138 GILLONVILLE RD. ALBANY, GA 31707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u><i>Philip E. Muegel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2705537 Applied For  
Not Applicable

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

1000000564960  
05/20/06-80095-022 150.00