


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

04-15-2008 90019 015 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P11836</b> 1. Entity Name JAX BEACH WINNELSON CO.	
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Principal Place of Business 700 SHELTER AVENUE JACKSONVILLE, FL 32250	Mailing Address 1000 HURRICANE SHOALS ROAD BLDG. C-100 LAURENCEVILLE, GA 30043 US
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**66009844**



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2705537	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 reissuing)

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	ST MUEGEL, PHILIP E. 1000 HURRICANE SHOALS ROAD N.E. LAURENCEVILLE, GA 30043
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 SALSMAN, MONTE 3110 KETTERING BLVD DAYTON, OH 45439
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-02-2008  
Date

Daytime Phone #