

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11836

FILED
Apr 10, 2009
Secretary of State

Entity Name: JAX BEACH WINNELSON CO.

Current Principal Place of Business:

700 SHELTER AVENUE
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

1000 HURRICANE SHOALS ROAD
BLDG. C-100
LAWRENCEVILLE, GA 30043 US

New Mailing Address:

FEI Number: 59-2705537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ST () Delete
Name: MUEGEL, PHILIP E.
Address: 1000 HURRICANE SHOALS ROAD N.E.
City-St-Zip: LAURENCEVILLE, GA 30043

Title: D () Delete
Name: LARKIN, MIKE
Address: 1000 HURRICANE SHOALS ROAD, C-100
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: PD () Delete
Name: COGGINS, BILL
Address: 700 SHELTER AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: SALSMAN, MONTE
Address: 3110 KETTERING BLVD
City-St-Zip: DAYTON, OH 45439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MUEGEL, PHILIP E.
Address: 1000 HURRICANE SHOALS ROAD C100
City-St-Zip: LAWRENCEVILLE, GA 30043

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: ANITA L LEFTY, AGENT

AGT

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date