

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018194

1. Entity Name
RAX CO.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90071 014 ***150.00

Principal Place of Business

50 N. LAURA STREET
SUITE 3400
JACKSONVILLE FL 32202

Mailing Address

~~50 N. LAURA STREET~~
~~SUITE 3400~~
JACKSONVILLE FL 32202

00028337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P. O. Box 4099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number 59-3265983

Applied For
Not Applicable

Zip

Country

Zip

Country

32201

US

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

SKINNER, HALCYON E
50 N. LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SKINNER, HALCYON E
STREET ADDRESS 50 N. LAURA STREET, SUITE 3400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE V ☐ Change ☒ Addition
NAME Nunn, Daniel B., Jr.
STREET ADDRESS 50 North Laura Street, Suite 3300
CITY-ST-ZIP Jacksonville, FL 32202

TITLE V ☐ Delete
NAME KEEFE, KENNETH M JR
STREET ADDRESS 50 N. LAURA STREET STE. 3400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE V ☐ Change ☒ Addition
NAME Johnston, Barbara C.
STREET ADDRESS 50 North Laura Street, Suite 3300
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Birchfield, W. O.
STREET ADDRESS 50 North Laura Street, Suite 3300
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Henderson, Sharon R.
STREET ADDRESS 50 North Laura Street, Suite 3300
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Goodbread, Michael E., Jr.
STREET ADDRESS 50 North Laura Street, Suite 3300
CITY-ST-ZIP Jacksonville, FL 32202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Nolan, James A., III
STREET ADDRESS 50 North Laura Street, Suite 3300
CITY-ST-ZIP Jacksonville, FL 32202

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Halcyon E. Skinner, President 3/19/01 904-798-2626

Date

Daytime Phone #

CR2E034 (10/00)