

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90207 010 \*\*\*150.00

0020197 AV

**DOCUMENT # P94000018194**

**1. Entity Name**  
**RAX CO.**

**Principal Place of Business**  
**50 N. LAURA STREET**  
**SUITE 3400**  
**JACKSONVILLE FL 32202**

**Mailing Address**  
**PO BOX 4099**  
**JACKSONVILLE FL 32201**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3265983**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



**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]*

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**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** **Goodbread, Michael E., Jr.**  
**STREET ADDRESS** **50 N. 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** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **NUNN, DANIEL B. JR**  
**STREET ADDRESS** **50 NORTH LAURA STREET, SUITE 3300**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32202**

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

**TITLE** **V** ☐ Delete  
**NAME** **JOHNSTON, BARBARA C**  
**STREET ADDRESS** **50 NORTH LAURA STREET, SUITE 3300**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32202**

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

**TITLE** **V** ☒ Delete  
**NAME** **BIRCHFIELD, W O**  
**STREET ADDRESS** **50 NORTH LAURA STREET, SUITE 3300**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32202**

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

**TITLE** **V** ☐ Delete  
**NAME** **HENDERSON, SHARON R**  
**STREET ADDRESS** **50 NORTH LAURA STREET, SUITE 3300**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32202**

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

**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]* **Halcyon E. Skinner, President 4/9/02 904-798-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)