2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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

02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3265983
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000479162
04/08/06 80033-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SKINNER, HALCYON E
STREET ADDRESS	50 N. LAURA STREET, SUITE 3400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V
NAME	KEEFE, KENNETH M JR
STREET ADDRESS	50 N. LAURA STREET STE. 3400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V
NAME	NUNN, DANIEL B JR
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3300
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V
NAME	JOHNSTON, BARBARA C
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3300
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V
NAME	HENDERSON, SHARON R
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3300
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Halcyon E. Skinner, Pres 2/16/06 904-798-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #