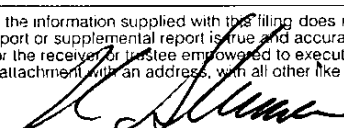


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90384 021 ***150.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3265983	
Zip		Country		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				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER, HALCYON E 50 N. LAURA STREET, SUITE 3400 JACKSONVILLE, FL 32202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Campbell, Jason E. 50 N. Laura Street, Suite 3400 Jacksonville, FL 32202
☐ Change ☒ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Purvis, Lisa A. 50 N. Laura Street, Suite 3400 Jacksonville, FL 32202	☐ Change ☒ Addition	
☐ Change ☒ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thanner, Christopher J. 50 N. Laura Street, Suite 3400 Jacksonville, FL 32202	☐ Change ☒ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harb, Nova D. 50 N. Laura Street, Suite 3400 Jacksonville, FL 32202	☐ Change ☐ Addition	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sacks, Jonathan R. 50 N. Laura Street, Suite 3400 Jacksonville, FL 32202	☐ Change ☐ Addition	
☐ Change ☐ Addition		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. 3/30/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40087280



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