

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90014 027 \*\*\*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



03262008 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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**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	CAMPBELL, JASON E
STREET ADDRESS	50 N. LAURA STREET, SUITE 3400
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	V
NAME	PURVIS, LISA A
STREET ADDRESS	50 N. LAURA STREET, SUITE 3400
CITY - ST - ZIP	JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Halcyon E. Skinner

Date

Daytime Phone #

4/9/08 904-798-2626

# ATTACHMENT

Rax Co  
Document #P94000018194

40101424

2008 For Profit Corporation Annual Report  
Supplemental Schedule

## Additional Officers

Title	VP
Name	Thanner, Christopher J.
Street Address	50 N. Laura Street Suite 3400
City St Zip	Jacksonville FL 32202

Title	VP
Name	Harb, Nova D.
Street Address	50 N. Laura Street Suite 3400
City St Zip	Jacksonville FL 32202

Title	VP
Name	Sacks, Jonathan R.
Street Address	50 N. Laura Street Suite 3400
City St Zip	Jacksonville FL 32202