2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P94000018194

Entity Name: RAX CO.

Current Principal Place of Business:

50 N. LAURA STREET
SUITE 3400
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 4099
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 59-3265983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SKINNER, HALCYON E	
Address:	50 N. LAURA STREET, SUITE 3400	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	V	( ) Delete
Name:	KEEFE, KENNETH M JR	
Address:	50 N. LAURA STREET STE. 3400	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	V	( ) Delete
Name:	NUNN, DANIEL B JR	
Address:	50 NORTH LAURA STREET, SUITE 3300	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	V	( ) Delete
Name:	CAMPBELL, JASON E	
Address:	50 N. LAURA STREET, SUITE 3400	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	V	( ) Delete
Name:	HENDERSON, SHARON R	
Address:	50 NORTH LAURA STREET, SUITE 3300	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	V	( ) Delete
Name:	PURVIS, LISA A	
Address:	50 N. LAURA STREET, SUITE 3400	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	SKINNER, HALCYON E	
Address:	50 N. LAURA STREET, SUITE 3400	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HALCYON E. SKINNER P 04/16/2009

Electronic Signature of Signing Officer or Director — Date