

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # 322079 (5)

1. Corporation Name

RAIL SOUTH, INC.

Principal Place of Business

7305 KINGS ROAD
JACKSONVILLE FL 32219

Mailing Address

7305 KINGS ROAD
JACKSONVILLE FL 32219



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

SISTARE, JAMES B.
4674 EMPIRE AVE.
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

10/10/1967

3a. Date of Last Report

04/17/1995

4. FLE Number

59-1195312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

P

NAME

SISTARE, JAMES B

STREET ADDRESS

4674 EMPIRE AVE.

CITY-STATE-ZIP

JACKSONVILLE FL

1.1 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

C

1.2 NAME

SISTARE, JAMES B

1.3 STREET ADDRESS

1535 LE BARON AVE.

1.4 CITY-STATE-ZIP

JACKSONVILLE, FL 32207

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

SIGLEY, CLEBERN WAYNE

2.3 STREET ADDRESS

11055 DANZIG WAY

2.4 CITY-STATE-ZIP

JACKSONVILLE, FL 32257

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C. WAYNE SIGLEY

3/14/96

(904)-786-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area Code)

CR2E034 (12/95)