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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:04

DOCUMENT # 355597 (6)

1. Corporation Name
R.W. SUMMERS RAILROAD CONTRACTOR, INC.

Principal Place of Business Mailing Address
3695 E. GANDY ROAD P.O. BOX 1456 BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/19/1969** 3a. Date of Last Report **02/22/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1278131** Applied For Not Applicable

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 27

City & State City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 28

Zip Country Zip Country 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NABERHAUS, ESTHER SUMMERS
2170 EAST MAIN STREET
BARTOW FL 33830**

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 reappointing.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABERHAUS, ESTHER SUMMER	1.2 NAME	
STREET ADDRESS	2170 E MAIN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, CHARLES D	2.2 NAME	
STREET ADDRESS	3407 HIGHLAND ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW, FL 00000	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, WALTER	3.2 NAME	
STREET ADDRESS	P.O. BOX 400	3.3 STREET ADDRESS	
CITY - ST - ZIP	NOCATEE FL	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, JEAN S.	4.2 NAME	
STREET ADDRESS	3695 E GANDY RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW, FL 00000	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(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 no additions.

SIGNATURE: *Esther Summers Naberhaus* **13-31-95** **813-533-8104**
RETURN AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ESTHER SUMMERS NABERHAUS