

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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  
3695 E. GANDY ROAD P.O. BOX 1456 BARTOW FL 33830

2. Principal Place of Business 2a. Mailing Address  
21 3693 E. GANDY ROAD 26 3693 E. GANDY ROAD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 BARTOW, FL. 28 BARTOW, FL.  
24 33830 25 U.S.A. 29 33830 30 U.S.A.

3. Date Incorporated or Qualified 11/19/1969 3a. Date of Last Report 04/06/1995  
4. FEI Number 59-1278131 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

NABERHAUS, ESTHER SUMMERS  
2170 EAST MAIN STREET  
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name CHARLES D. MERRITT  
82 Street Address (P.O. Box Number is Not Acceptable) 3407 HIGHLAND ST.  
83  
84 City BARTOW FL 85 Zip Code 33830

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 provisions of Section 607.0505, Florida Statutes

SIGNATURE *Charles D. Merritt* CHARLES D. MERRITT, PRES. 6/25/96  
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PCT <input checked="" type="checkbox"/> DELETE
NAME	NABERHAUS, ESTHER SUMMER
STREET ADDRESS	2170 E MAIN ST
CITY-ST-ZIP	BARTOW, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	MERRITT, CHARLES D
STREET ADDRESS	3407 HIGHLAND ST
CITY-ST-ZIP	BARTOW, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BREWER, WALTER
STREET ADDRESS	P.O. BOX 400
CITY-ST-ZIP	NOCATEE FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	STINSON, JEAN S.
STREET ADDRESS	3695 E GANDY RD
CITY-ST-ZIP	BARTOW, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	33830
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	33864
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	LEIGH S. MERRITT
53 STREET ADDRESS	3407 HIGHLAND ST
54 CITY-ST-ZIP	BARTOW, FL. 33830
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D JOANN SUMMERS
63 STREET ADDRESS	3617 GROVE TERRACE DR.
64 CITY-ST-ZIP	LAKELAND, FL. 33813

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Charles D. Merritt* CHARLES D. MERRITT 941/533-8107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT #

CR2E034 (3/96)