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**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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
**3693 E GANDY RD
P.O. BOX 1456
BARTOW FL 33830
US**

Mailing Address
**3693 E GANDY RD
P.O. BOX 1456
BARTOW FL 33830-8702
US**

3. Date Incorporated or Qualified **11/19/1969** 3a. Date of Last Report **07/01/1996**

2. Principal Place of Business
21 3693 East Gandy Road

2a. Mailing Address
26 3693 East Gandy Road

4. FEI Number **59-1278131** Applied For Not Applicable

Suite, Apt #, etc.
22 Not Applicable

Suite, Apt #, etc.
27 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 Bartow, Florida

City & State
28 Bartow, Florida

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

Zip Country
24 33830 25 USA

Zip Country
29 33830 30 USA

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

9. Name and Address of Current Registered Agent
**MERRITT, CHARLES D
3407 HIGHLAND ST
BARTOW FL 33830**

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 **Charles D. Merritt, President** DATE **January 6, 1997**
(NOTE: Registered Agent signature required when reinstating)

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	PCD <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	VTD <input type="checkbox"/> DELETE
NAME	MERRITT, LEIGH S
STREET ADDRESS	3407 HIGHLAND ST
CITY-ST-ZIP	BARTOW FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SUMMERS, JOANN
STREET ADDRESS	3817 GROVE TERRACE DR
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Jeann S. Stinson, Jean S. Stinson, Vice President** 01/06/96 (941) 533-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)