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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J97589

1. Corporation Name

FLORIDA MIDLAND RAILROAD COMPANY, INC.

Principal Place of Business	Mailing Address
3001 ORANGE AVE PLYMOUTH FL 32768 US	53 SOUTHAMPTON RD WESTFIELD MA 01085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/16/1987

4. FEI Number: 58-1758851 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SILVER, MARJORIE P.		1.2 NAME		
STREET ADDRESS	419 SOUTHWICK RD E20		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTFIELD MA		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, JOHN		2.2 NAME		
STREET ADDRESS	1157 FLORENCE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHAMPTON MA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FILLER, J NICOLAS ESQ		3.2 NAME	Filler, J. Nicholas, Esq.	
STREET ADDRESS	BULKLEY, RICHARDSON, GELINAS, 1500 MAIN ST		3.3 STREET ADDRESS	455 Mathews Road	
CITY-ST-ZIP	SPRINGFIELD MA 01103		3.4 CITY-ST-ZIP	Conway, MA 01341	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT G		4.2 NAME		
STREET ADDRESS	419 SOUTHWICK RD E 20		4.3 STREET ADDRESS		
CITY-ST-ZIP	WESTFIELD MA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEDERMAN, LOUIS L		5.2 NAME		
STREET ADDRESS	ONE FINANCIAL CENTER		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAPLANTE, L DOUGLAS		6.2 NAME		
STREET ADDRESS	BANK OF BOSTON, 1350 MAIN ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD MA 01103		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ M.P. Silver President 3/11/99 (413) 568-6426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #