

**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 # K04667 (7)
1. Corporation Name

FLORIDA WEST COAST RAILROAD COMPANY



Principal Place of Business: **104 N.W. LANCASTER ST.
P.O. BOX 1267
TRENTON FL 32693**

Mailing Address: **104 N.W. LANCASTER ST.
P.O. BOX 1267
TRENTON FL 32693**

3. Date Incorporated or Qualified: **12/02/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **36-3550203**

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

2. Principal Place of Business

21. Suite, Apt #, etc.

22. City & State

23. Zip

24. Country

25. Country

2a. Mailing Address

26. Suite, Apt #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**FORBES, CLYDE S. (JR.)
104 N.W. LANCASTER ST.
TRENTON FL 32693**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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's signature required when registering)

DAP

12. OFFICERS AND DIRECTORS

TITLE: **PTD** DELETE

NAME: **FORBES, CLYDE**

STREET ADDRESS: **104 N.W. LANCASTER ST.**

CITY-ST-ZIP: **TRENTON FL**

TITLE: **SD** DELETE

NAME: **FORBES, BRADLEY E**

STREET ADDRESS: **104 NW LANCASTER**

CITY-ST-ZIP: **TRENTON FL**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLYDE S. FORBES, JR. 7/17/96 (352) 463-1103

CR2E034 (3/96)