

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L28627** (2)
1. Corporation Name
NEW HAMPSHIRE AND VERMONT RAILROAD, COMPANY

Principal Place of Business Mailing Address
RFD #1, BOX 790 RFD #1, BOX 790
MORRISVILLE VT 05661 MORRISVILLE VT 05661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1989	3a. Date of Last Report 03/22/1994
4. FEI Number 02-0436682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for responsibility for center § 100 (1)(2) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 39 Bay Street Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1360 Suite, Apt. #, etc.
22 City & State 23 St. Johnsbury, VT	27 City & State 28 Trenton, FL
24 Zip 05819	25 Country USA
29 Zip 32693	30 Country USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____
I, _____, Registered Agent, of the corporation named herein, hereby accept the appointment as registered agent.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FORBES, CLYDE S.
STREET ADDRESS	104 LANCASTER STREET
CITY, ST, ZIP	TRENTON FL
TITLE	D
NAME	FORBES, SAUNDRA
STREET ADDRESS	104 LANCASTER STREET
CITY, ST, ZIP	TRENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not equal for the corporation as stated in Section 119.07(3)(a), 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 liquidator empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE: _____
I, _____, AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clyde S. Forbes, President

4/28/95
904-463-1103