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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P35788

1. Corporation Name

RAIL MANAGEMENT AND CONSULTING CORPORATION

Principal Place of Business

2605 THOMAS DRIVE
P.O. BOX 28300
PANAMA CITY BEACH FL 32411

Mailing Address

2605 THOMAS DRIVE
P.O. BOX 28300
PANAMA CITY BEACH FL 32411
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1991

4. FEI Number

63-0820793

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DURDEN, K. EARL
2605 THOMAS DRIVE
PANAMA CITY BEACH FL 32411

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD. ☐ DELETE
NAME DURDEN, K. EARL
STREET ADDRESS 2605 THOMAS DRIVE
CITY-ST-ZIP PANAMA CITY BCH. FL

TITLE VD ☐ DELETE
NAME CONNOR, DONALD P.
STREET ADDRESS 2605 THOMAS DRIVE
CITY-ST-ZIP PANAMA CITY BCH. FL

TITLE ST ☐ DELETE
NAME HELMS, D SCOTT
STREET ADDRESS 2605 THOMAS DRIVE
CITY-ST-ZIP PANAMA CITY BCH. FL

TITLE VPD ☐ DELETE
NAME DURDEN, MICHAEL E
STREET ADDRESS 2605 THOMAS DR
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE D ☐ DELETE
NAME CROWLEY, LEO N.
STREET ADDRESS 1700 NORTH WEBSTER COURT
CITY-ST-ZIP GREEN BAY WI

TITLE D ☐ DELETE
NAME HUSKEY, D
STREET ADDRESS 112 W ADAMS ST
CITY-ST-ZIP DOTHAN AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition
1.2 NAME BARRY L. PARKER
1.3 STREET ADDRESS 2605 THOMAS DRIVE
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL

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 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:

D. Scott Helms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. SCOTT HELMS, SEC/TREAS

3-25-99

(850) 230-8331

Date

Daytime Phone #

CR2E034 (1/1/98)