

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G73095** (3)

1. Corporation Name

**FLORIDA EAST COAST INDUSTRIES, INC.**



Principal Place of Business

Mailing Address

C/O C F ZELLERS, JR  
P O BOX 1048  
ST. AUGUSTINE FL 32084

C/O C F ZELLERS, JR  
P O BOX 1048  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

12/09/1983

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2349968

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAINE, LAWRENCE  
1650 PRUDENTIAL DR. #400  
JACKSONVILLE FL 32207

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 607.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
THORNTON, W L  
STREET ADDRESS ONE MALAGA ST  
CITY- ST- ZIP ST AUGUSTINE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD  
ZELLERS, C F, JR  
STREET ADDRESS ONE MALAGA ST  
CITY- ST- ZIP ST AUGUSTINE FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VPS  
SMITH, T N  
STREET ADDRESS ONE MALAGA STREET  
CITY- ST- ZIP ST. AUGUSTINE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY- ST- ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

300001746143  
-03/16/96--01003--006  
\*\*\*200.00

6.1 TITLE  
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

Date

904-829-3421

Daytime Phone #

CR2E034 (12/95)