

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90208 025 \*\*\*150.00

DOCUMENT # G73095

1. Corporation Name

FLORIDA EAST COAST INDUSTRIES, INC.

Principal Place of Business

C/O C.F. ZELLERS, JR. ~~C.F. Zellers~~  
P O BOX 1048  
ST. AUGUSTINE FL 32084  
T.N. Smith

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1983

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☒ DELETE

NAME YASTRZEMSKI, JR  
STREET ADDRESS ONE MALAGA ST  
CITY-ST-ZIP ST AUGUSTINE FL 32084

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ANESTIS, RW  
1.3 STREET ADDRESS ONE MALAGA ST  
1.4 CITY-ST-ZIP ST AUGUSTINE FL

TITLE VD ☒ DELETE

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

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME LYNCH, CR  
2.3 STREET ADDRESS ONE MALAGA ST  
2.4 CITY-ST-ZIP ST AUGUSTINE FL

TITLE VPS ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.N. SMITH

1/14/99

904 826-2233

Date

Daytime Phone #

0021801

CR2E034 (11/98)