

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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # 001478 (7)  
1. Corporation Name  
APALACHICOLA NORTHERN RAILROAD COMPANY

Principal Place of Business  
1650 PRUDENTIAL DRIVE  
S400  
JACKSONVILLE FL 32207  
US

Mailing Address  
P O BOX 1380  
JACKSONVILLE FL 32201  
US

3. Date Incorporated or Qualified 05/09/1903  
3a. Date of Last Report 01/27/1995  
4. FEI Number 59-6000069  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

ANDERSON, R A  
1650 PRUDENTIAL DRIVE  
JACKSONVILLE FL 32207

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  
FL

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 of Registered Agent, Director, Secretary, Treasurer, or Officer

Signature of Registered Agent, Director, Secretary, Treasurer, or Officer

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
1.5 TITLE  
1.6 NAME  
1.7 STREET ADDRESS  
1.8 CITY - ST - ZIP  
1.9 TITLE  
1.10 NAME  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE  
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2.4 CITY - ST - ZIP  
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2.99 STREET ADDRESS  
3.00 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R A Anderson

APR 9, 1996

904-396-6600

CR2E034 (12/95)