

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1903	
21		26		4. FEI Number 59-6000069	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

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
Robert M. Rhodes
82 Street Address (P.O. Box Number Is Not Acceptable)
Suite 400 duPont Center
83
1650 Prudential Drive
84 City
Jacksonville, FL
85 Zip Code
32207

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed name of registered agent

Robert M. Rhodes

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARLSON, W W		1.2 NAME	Peter S. Rummell			
STREET ADDRESS	1650 PRUDENTIAL DRIVE		1.3 STREET ADDRESS	1650 Prudential Drive, Suite 400			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PETTY, C. M.		2.2 NAME	Charles A. Ledsinger, Jr.			
STREET ADDRESS	1650 PRUDENTIAL DRIVE		2.3 STREET ADDRESS	1650 Prudential Drive, Suite 400			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDERSON, R A		3.2 NAME	Robert M. Rhodes			
STREET ADDRESS	1650 PRUDENTIAL DRIVE		3.3 STREET ADDRESS	1650 Prudential Drive, Suite 400			
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BELIN, J C		4.2 NAME	J. Malcolm Jones, Jr.			
STREET ADDRESS	1650 PRUDENTIAL DRIVE		4.3 STREET ADDRESS	1650 Prudential Drive, Suite 400			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THORNTON, W. L.		5.2 NAME	R. Wayne Parrish			
STREET ADDRESS	1650 PRUDENTIAL DR.		5.3 STREET ADDRESS	1650 Prudential Drive, Suite 400			
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32207			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.

SIGNATURE

Robert M. Rhodes

4/29/98 904-396-6600

CR2034 (10/97)