

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

DOCUMENT # 001478

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RHODES, ROBERT M  
1650 PRUDENTIAL DR, STE 400  
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1903

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

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CD  
RUMMELL, PETER S  
STREET ADDRESS  
1650 PRUDENTIAL DR, STE 400  
CITY-ST-ZIP  
JACKSONVILLE FL 32207

TITLE ☒ DELETE

NAME  
PB  
LEDSINGER, JR CHARLES A  
STREET ADDRESS  
1650 PRUDENTIAL DR, STE 400  
CITY-ST-ZIP  
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME  
SVPD  
RHODES, ROBERT M  
STREET ADDRESS  
1650 PRUDENTIAL DR, STE 400  
CITY-ST-ZIP  
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME  
VP  
JONES, JR J MALCOLM  
STREET ADDRESS  
1650 PRUDENTIAL DR, STE 400  
CITY-ST-ZIP  
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME  
VP  
PARRISH, R WAYNE  
STREET ADDRESS  
1650 PRUDENTIAL DR, STE 400  
CITY-ST-ZIP  
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P ☐ Change ☒ Addition

KEVIN M. TWOMEY  
1650 PRUDENTIAL DR., STE 400  
JACKSONVILLE, FL 32207

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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

3/23/99

Date

904-396-6600

Daytime Phone #

004671

CR2E034 (11/98)