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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

002804

(3)

**DOCUMENT #** EAST COAST MARINE RAILWAY COMPANY Principal Place of Business Mailing Address C/O WILLIAM H GLEASON C/O WILLIAM H GLEASON P O BOX 360895 P O BOX 360895 MELBOURNE FL 32936-7895 MELBOURNE FL 32936-7895 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1904 04/24/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-6059962 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιρ Country 24 25 29 30 9. Name and Address of Current Registered Agent

WINSTED, R C JR., **CLERK OF COURT COURT HOUSE** TITUSVILLE FL 32780

ountry		8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes 💹 Yes 🔲 No
1	1	10.	Name and Address of New Registered Agent
81	Name		
82	Street Address	(P.	D. Box Number is Not Acceptable)
83	TO PROBLEM SALES INC. A.		
84	City		85 Zip Code

Applied For

Fee Required

Not Applicable

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. Thereby accept the appointment as registered agent. Lan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE		(\$4.00 E. Progistored Agord signal are required when recistable gr		DATE									

5	Signature: tysæd or orrifed harne of regedere Lages Land tile if ig plic		ng stoed Agent signature regimes	Livited relistating: DAT	£	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAMÉ	GLEASON, WILLIAM H.		1.2 NAME			
STREET ADDRESS	200 POINCIANA DRIVE		1.3 STREET ADDRESS			
CITY · ST · ZIP	INDIAN HARBOUR BEACH,		1.4 CITY+ST+ZIP			
TITLE	S	☐ DELETE	2 1 TITLE		☐ Change	Addition
NAME	POYNTER, MARY CAROL		2 2 NAME			
STREET ADDRESS	1787 PINEAPPLE AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		2 4 CITY - ST - ZIP			
TITLE	V	DELETE	3 1 TIT.E		Change	Addition
NAME	GLEASON, J. CAREY		3.2 NAME		-	
STREET ADDRESS	200 POINCIANA DRIVE		3.3 STREET ADDRESS			
CITY - ST - ZIP	Indian Harbour Beach FL		34 CITY ST-ZIP			
TITLE		□ DELETE	4 1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY ST-ZIP			
TITLE		DETE IF	5 1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		□ DELETE	6 1 THILE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information: supplied with this fiting is voluble certify that the information indicated on this annual report or supplement oath; that I am an officer or director of the corporation or the receiver of appears in Block 12 or Block 15 if charged, or on an attagrament with a Qurnished and does per qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further annual report in true and accurate and that my signature shall have the same legal effect as if made under trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

F SIGNING OFFICER OR DIRECTOR

iam H. Gleason, P/D

5/15/96

Date

(407)723-5121

Daytime Priorie P