

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:45

DOCUMENT # **223465** (6)

1. Corporation Name
CRAWLER RAIL & ROLLER CO.

Principal Place of Business Mailing Address
15437 N. HWY 301 15437 N. HWY. 301
DADE CITY FL 33525 DADE CITY FL 33525
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/08/1959	02/07/1994
22		27		4. FEI Number	Applied For
23		28		59-0930877	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
27		32		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLK, FREEMAN F 15437 NO HWY 301 DADE CITY FL 33525				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, FRED	1.2 NAME	
STREET ADDRESS	36801 ROBERTS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, GWENDOLYN J	2.2 NAME	
STREET ADDRESS	12321 FT. KING RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, TIM	3.2 NAME	
STREET ADDRESS	2404 NIGHTINGALE LANE	3.3 STREET ADDRESS	5870 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, FREEMAN F	4.2 NAME	
STREET ADDRESS	12321 FT. KING RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, DONALD RAY	5.2 NAME	
STREET ADDRESS	503 W MERIDIAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 00000	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Freeman F. Polk Date: 2-20-95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR