FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765178 (9)

1. Corporation Name

FLORIDA GULF COAST RAILROAD MUSEUM, INC.

Principal Place of Business: % P.O. BOX 355, PARRISH FL 34219

Mailing Address: % P.O. BOX 355, PARRISH FL 34219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2261446 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 1003
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Tampa, Florida
24 Zip / 25 Country	29 Zip: 33601-1003 / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOWEN, PAUL H
100 N. TAMPA
SUITE 3160
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 412 Madison Street
83 Suite 900
84 City: Tampa FL 85 Zip Code: 33602

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] Date: 4/21/95

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BOWEN, PAUL H
STREET ADDRESS	100 N. TAMPA, STE. 3160
CITY-ST-ZIP	TAMPA FL 33602
TITLE	SD
NAME	RIDDLE, SHIRLEE
STREET ADDRESS	6413 MUCK POND RD.
CITY-ST-ZIP	SEFFNER FL 33584
TITLE	D
NAME	KEN CLARK,
STREET ADDRESS	4216 LONGHORN DR.
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	PD
NAME	HERRON, JAMES R.
STREET ADDRESS	2016 VILLAGE AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	BILL SCHONEMAN
STREET ADDRESS	10228 110TH ST. N.
CITY-ST-ZIP	LARGO FL 34648
TITLE	D
NAME	CHARLES GREATHOUSE ,
STREET ADDRESS	3428 ROSE AVENUE
CITY-ST-ZIP	LAKELANE FL 33809

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	412 Madison Street, Ste 900	
1.4 CITY-ST-ZIP	Tampa, FL 33601	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/21/95 Daytime Phone #: 273-4560

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