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**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840764 (5)
 1. Corporation Name
SEABOARD COAST LINE RAILWAY SUPPLIES, INC.



Principal Place of Business 500 WATER ST., S/C J-160 JACKSONVILLE FL 32202	Mailing Address 500 WATER ST S/C J160 JACKSONVILLE FL 32202-4422 US
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3. Date Incorporated or Qualified 06/02/1978	3a. Date of Last Report 04/27/1996
4. FEI Number 65-1105758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Note below:	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**AFTOORA, PATRICIA J.
 500 WATER STREET
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name
NOTE: This company is included in a consolidated intangible personal property tax return filed on behalf of CSX Corporation and consolidated affiliates, FEIN 62-1051971

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

83. City

84. State Zip Code
FL

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 reinstating) _____ DATE _____


12. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	TAYLER, C.N.	
STREET ADDRESS	500 WATER STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32202	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	WARD, M.J.	
STREET ADDRESS	500 WATER STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32202	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GIFTOS, P.M.	
STREET ADDRESS	500 WATER ST	
CITY- ST- ZIP	JACKSONVILLE FL 32202	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NICHOLS, G L	
STREET ADDRESS	500 WATER ST	
CITY- ST- ZIP	JACKSONVILLE FL 32202	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	AFTOORA, P J	
STREET ADDRESS	500 WATER STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CURRIE, E J	
STREET ADDRESS	500 WATER STREET	
CITY- ST- ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See attached list.
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia J. Aftoora, Vice-President

April 25, 1997 (904) 366-4242

CR2E034 (9/96)

SEABOARD COAST LINE RAILWAY SUPPLIES, INC.

Directors

<u>Name</u>	<u>Address</u>
P. J. Aftora	500 Water Street Jacksonville, FL 32202
G. L. Nichols	500 Water Street Jacksonville, FL 32202
M. J. Ward	500 Water Street Jacksonville, FL 32202

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
G. L. Nichols	President	500 Water Street Jacksonville, FL 32202
M. J. Ward	Executive Vice-President	500 Water Street Jacksonville, FL 32202
P. M. Giftos	Senior Vice-President	500 Water Street Jacksonville, FL 32202
C. N. Taylor	Senior Vice-President	500 Water Street Jacksonville, FL 32202
P. J. Aftora	Vice-President and Corporate Secretary	500 Water Street Jacksonville, FL 32202
J. W. Basso	Vice-President	500 Water Street Jacksonville, FL 32202
C. J. O. Wodehouse	Vice-President and Controller	500 Water Street Jacksonville, FL 32202
M. Lazenby	Assistant Vice-President and Treasurer	500 Water Street Jacksonville, FL 32202

Office of Vice-President
and Corporate Secretary
Jacksonville, FL
April 1, 1997