

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90018 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840764

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1978	
21	22	26	27	4. FEI Number 65-1105758	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

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

NOTE: This company is included in a personal property tax return filed on behalf of CSX Corporation and consolidated affiliates, FEIN 62-105197185

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		DELETED
TITLE	P	<input type="checkbox"/>
NAME	NICHOLS, G	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	EVP	<input type="checkbox"/>
NAME	WARD, M	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	SVP	<input type="checkbox"/>
NAME	GIFTOS, P	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	SVP	<input type="checkbox"/>
NAME	TAYLOR, C N	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	VP	<input type="checkbox"/>
NAME	AFTOORA, P	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	
TITLE	VP	<input type="checkbox"/>
NAME	BASSO, J	
STREET ADDRESS	500 WATER ST	
CITY-ST-ZIP	JAX FL 32202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

See Attached List

14. I 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, with all other like empowered.

SIGNATURE: Patricia J. Aftoora **REQUIRED** Patricia J. Aftoora, Vice-President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/15/99 (904) 366-4242

CR2E034 (1/198)

SEABOARD COAST LINE RAILWAY SUPPLIES, INC.

475643-90018-6

845764

Directors

<u>Name</u>	<u>Address</u>
P. J. Aftora	500 Water Street Jacksonville, FL 32202
R. J. Conway	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>
R. J. Conway	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
P. J. Aftora	Vice-President and Corporate Secretary	500 Water Street Jacksonville, FL 32202
J. W. Basso	Vice-President	550 Water Street Jacksonville, FL 32202
F. J. Favorite	Vice-President	500 Water Street Jacksonville, FL 32202
D. A. Boor	Treasurer	500 Water Street Jacksonville, FL 32202

Office of Vice-President
and Corporate Secretary
Jacksonville, FL
December 31, 1998