

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

**APPROVED
AND
FILED**

95 APR 26 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F26399 (8)

1. Corporation Name
RAIL SWITCHING SERVICES, INC.

Principal Place of Business
**2805 THOMAS DRIVE
P O BOX 28300
PANAMA CITY BEACH FL 32408
US**

Mailing Address
**2805 THOMAS DRIVE
P.O. BOX 28300
PANAMA CITY FL 32408-6227
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/23/1981

3a. Date of Last Report
05/01/1984

4. FEI Number
63-0806161

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2e. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURDEN, MICHAEL E.
2605 THOMAS DRIVE
PANAMA CITY BEACH FL 32411**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUSKEY, DOW
STREET ADDRESS	112 W. TROY
CITY - ST - ZIP	DO THAN AL
TITLE	PD
NAME	DURDEN, MICHAEL
STREET ADDRESS	2605 THOMAS DR
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	SD
NAME	HAUGH, KEVIN
STREET ADDRESS	2605 THOMAS DRIVE
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	D
NAME	NORTON, JOHN
STREET ADDRESS	277 ORCHARD RD.
CITY - ST - ZIP	NEWARK DE
TITLE	D
NAME	MILLER, ORVILLE
STREET ADDRESS	300 WILLOW VALLEY LK DR
CITY - ST - ZIP	WILLOW STREET PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2605 THOMAS DR
14 CITY - ST - ZIP	PANAMA CITY BEACH, FL 32411
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Orville Miller 4-17-95 9043308331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #