

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90022 037 ***150.00

DOCUMENT # F34669

1. Entity Name

WITHEROW LOCOMOTIVE SERVICE, INC.



Principal Place of Business

WITHEROW LOCOMOTIVE SERV. INC.
515 LAKEFRONT BLVD.
WINTER PARK FL 32789

Mailing Address

WITHEROW LOCOMOTIVE SERV. INC.
515 LAKEFRONT BLVD.
WINTER PARK FL 32789

J4011100

2. Principal Place of Business

WITHEROW LOCOMOTIVE SERVICE, Inc

Suite, Apt. #, etc.

515 LAKEFRONT BLVD

City & State

WINTER PARK FL

Zip

32789

Country

USA

3. Mailing Address

WITHEROW LOCOMOTIVE SERVICE, Inc

Suite, Apt. #, etc.

515 LAKEFRONT BLVD

City & State

WINTER PARK FL

Zip

32789

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2091530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITHEROW, CAROLYN R
515 LAKE FRONT BLVD.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WITHEROW, WILLIAM T.
STREET ADDRESS 515 LAKEFRONT BLVD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE DST ☐ Delete
NAME WITHEROW, CAROLYN R.
STREET ADDRESS 515 LAKEFRONT BLVD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn R. Witherow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-04 407-628-2902