SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001159 (2)

Principal Place of Business	 М
830 DILL RD.	Ę

FILED Sep 23 1997 8:00am Secretary of State

GENERAL RAILWAY SERVICES, INC. lailing Address 330 DILL RD. SUFFOLK VA 23434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1994 07/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 54-1354133 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOSTER, LEWIS E 9500 N. TRASK ST. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PDC DELETE Change Addition TITLE 1.1 TITLE FOSTER, LEWIS E NAME 1.2 NAME 4505 OLD ORCHARD DRIVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-7IP 1.4 CITY-ST-7IP D DELE1E Change Addition TITLE 21 TITLE FOSTER, DOLORES H NAME 22 NAME 4505 OLD ORCHARD DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE Change Addition TITLE 3.1 TITLE COPELAND, RICHARD L NAME 3.2 NAME 143 SAILBOAT ROAD STREET ADORESS 3.3 STREET ADDRESS SHILOH NO CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE STD Change Addition TITLE 41 THLE ASHBY, CARLENE G 4. 2 NAME 733 NOTTINGHAM ROAD STREET ADDRESS 4.3 STREET ADDRESS **PORTSMOUTH VA** CITY-ST-ZIP 4.4 CITY - ST- 7IP DELETE Change L Ad Jition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 1ITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF

14. I do hereby certify that the information supplied with this hijng doos not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplied and 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 of the anaddress.

1-21-97