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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000005059 (9)

1. Corporation Name

FLUOR DANIEL FLORIDA RAIL, INC.

Principal Place of Business

3333 MICHELSON DR.  
IRVINE CA 92730

Mailing Address

3333 MICHELSON DR.  
IRVINE CA 92612-0625



2. Principal Place of Business

21 3353 MICHELSON DRIVE

Suite, Apt. #, etc.  
22 551M

City & State  
23 IRVINE, CA

Zip Country  
24 92698

2a. Mailing Address

26 3353 MICHELSON DRIVE

Suite, Apt. #, etc.  
27 551M

City & State  
28 IRVINE, CA

Zip Country  
29 92698

3. Date Incorporated or Qualified

10/17/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

33-0684034

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE

NAME TRIMBLE, P.J.  
STREET ADDRESS 3333 MICHELSON DR.  
CITY-ST-ZIP IRVINE CA 92730

TITLE P ☐ DELETE

NAME COX, C.R.  
STREET ADDRESS 3333 MICHELSON DR.  
CITY-ST-ZIP IRVINE CA 92730

TITLE DS ☐ DELETE

NAME FISHER, L.N.  
STREET ADDRESS 3333 MICHELSON DR.  
CITY-ST-ZIP IRVINE CA

TITLE T ☐ DELETE

NAME CONAWAY, J.M.  
STREET ADDRESS 3333 MICHELSON DR.  
CITY-ST-ZIP IRVINE CA 92730

TITLE AT ☐ DELETE

NAME MORROW, T.H.  
STREET ADDRESS 3333 MICHELSON DRIVE  
CITY-ST-ZIP IRVINE CA

TITLE VP ☐ DELETE

NAME OAKLEY, R.W.  
STREET ADDRESS 100 FLUOR DANIEL DRIVE  
CITY-ST-ZIP GREENVILLE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3353 MICHELSON DRIVE  
IRVINE, CA 92698

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3353 MICHELSON DRIVE  
IRVINE, CA 92698

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3353 MICHELSON DRIVE  
IRVINE, CA 92698

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3353 MICHELSON DRIVE  
IRVINE, CA 92698

6.1 TITLE ☐ Change ☐ 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:

T.H. MORROW  
ASST. TREASURER

03/21/97

714/ 975-6985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0601919

CR2E034 (9/96)