FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000006028 (3)**

1. Corporation Name

LIVE OAK, PERRY & GEORGIA RAILROAD COMPANY, INC.

Principal Place of Business	Mailing Address
401 HENLEY ST., #5 KNOXVILLE TN 37902	401 HENLEY ST., #5 KNOXVILLE TN 37902

3. Date Incorporated or Qualified: **12/11/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 1019 Coastline Ave.
22 Suite, Apt. #, etc.
23 City & State: Albany, Georgia
24 Zip: 31705 25 Country:

2a. Mailing Address
26 401 Henley Street
27 Suite, Apt. #, etc: Suite 5
28 City & State: Knoxville, TN
29 Zip: 37902 30 Country:

4. FEI Number: **APPLIED FOR** 62-1622280 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 Section 607.0502 and 607.1503, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLAUSSEN, H P JR		1.2 NAME		
STREET ADDRESS	401 HENLEY ST., #5		1.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37902		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLAUSSEN, LINDA C		2.2 NAME		
STREET ADDRESS	401 HENLEY ST., #5		2.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37902		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KNAPP, JANET		3.2 NAME		
STREET ADDRESS	401 HENLEY ST., #5		3.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37902		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Janet F. Knapp, VP Administration *Janet F. Knapp* 5/23/96 423-525-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #