

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000002568 (1)**

1. Corporation Name
MCHANN RAILROAD SERVICES, INC. OF MISSISSIPPI

Principal Place of Business P.O. BOX 229 EDWARDS MS 39066	Mailing Address P.O. BOX 229 EDWARDS MS 39066
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 64-0822904	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

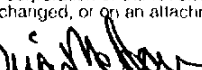
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHANN, WILLIAM B	1.2 NAME	
STREET ADDRESS	I-20 WEST FRONTAGE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDWARDS MS 39066	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHANN, BILL JR.	2.2 NAME	Delete as Director
STREET ADDRESS	I-20 WEST FRONTAGE RD.	2.3 STREET ADDRESS	McHann, Bill Jr.
CITY-ST-ZIP	EDWARDS MS 39066	2.4 CITY-ST-ZIP	I-20 West Frontage Rd.
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEBERRY, WILLIAM J	3.2 NAME	
STREET ADDRESS	I-20 WEST FRONTAGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDWARDS MS 39066	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHANN, ANNETTE L	4.2 NAME	Delete as Director
STREET ADDRESS	I-20 WEST FRONTAGE RD.	4.3 STREET ADDRESS	McHann, Annette L
CITY-ST-ZIP	EDWARDS MS 39066	4.4 CITY-ST-ZIP	I-20 West Frontage Rd.
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, unchanged, or on an attachment with an address

SIGNATURE:

 **Brian McHann, President**

3/2/98

601/852-4501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0822082

CR2E034 (10/97)