

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98227

(4)

1. Corporation Name

THE NICKEL PLATE LINE, INC.

Principal Place of Business

Mailing Address

501 MANDALAY AVE
P O BOX 3488
CLEARWATER BCH FL 34630-5488

501 MANDALAY AVE
P O BOX 3488
CLEARWATER BCH FL 34630-5488

200001504182
-06/02/95--01019--002
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/03/1982

03/15/1994

4. FBI Number

58-1484138

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 189.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

P. O. BOX 1107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE, IL

23

28

24

Country

Zip

62651

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAUSCH, MICHAEL C
501 MANDALAY AVE (OFFICE)
CLEARWATER BEACH FL 33515 34630

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

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	D
NAME	HENRY, C. W III
STREET ADDRESS	501 MANDALAY AVE.
CITY, ST, ZIP	CLEARWATER BCH FL
TITLE	D
NAME	ROSE, WILLIAM S JR.
STREET ADDRESS	50 MANDALAY AVE.
CITY, ST, ZIP	CLEARWATER BCH FL
TITLE	D
NAME	DUBROW, ELI B.
STREET ADDRESS	501 MANDALAY AVE
CITY, ST, ZIP	CLEARWATER BCH FL
TITLE	D
NAME	NEWELL, JAMES A
STREET ADDRESS	501 MANDALAY AVE
CITY, ST, ZIP	CLEARWATER BCH FL
TITLE	D
NAME	MEAD, RUTH C
STREET ADDRESS	501 MANDALAY AVE
CITY, ST, ZIP	CLEARWATER BCH FL
TITLE	S
NAME	BAKER, BARBARA
STREET ADDRESS	501 MANDALAY AVENUE
CITY, ST, ZIP	CLEARWATER FL

14 NAME		☐ Change ☐ Addition
15 STREET ADDRESS		☐ Change ☐ Addition
16 CITY, ST, ZIP		☐ Change ☐ Addition
17 NAME		☒ Change ☐ Addition
18 STREET ADDRESS		☒ Change ☐ Addition
19 CITY, ST, ZIP		☒ Change ☐ Addition
20 NAME	PRESIDENT MICHAEL C. RAUSCH	☒ Change ☐ Addition
21 STREET ADDRESS	501 MANDALAY AVE	
22 CITY, ST, ZIP	CLEARWATER BEACH, FL 34630	
23 NAME		☐ Change ☐ Addition
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 NAME	SECRETARY	☒ Change ☐ Addition
27 STREET ADDRESS	L. DIANNE BARNETT	
28 CITY, ST, ZIP	7 SHENANDOAH	
29 NAME	JACKSONVILLE, IL 62650	

14. I, the undersigned, certify that the information submitted on this 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 proposed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. Attach an attachment with an address.

SIGNATURE: *Michael C. Rausch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 8:13/443.2400