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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F98227 (4)

1. Corporation Name

THE NICKEL PLATE LINE, INC.



Principal Place of Business

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

Mailing Address

P.O. BOX 1107  
JACKSONVILLE IL 62650

3. Date Incorporated or Qualified

09/03/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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 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

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 D  
NAME HENRY, C. W III  
STREET ADDRESS 501 MANDALAY AVE.  
CITY-ST-ZIP CLEARWATER BCH FL

☐ DELETE

TITLE D  
NAME ROSE, WILLIAM S JR.  
STREET ADDRESS 501 MANDALAY AVE.  
CITY-ST-ZIP CLEARWATER BCH FL

☐ DELETE

TITLE P  
NAME RAUSCH, MICHAEL C.  
STREET ADDRESS 501 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER BCH FL 34630

☐ DELETE

TITLE D  
NAME NEWELL, JAMES A  
STREET ADDRESS 501 MANDALAY AVE  
CITY-ST-ZIP CLEARWATER BCH FL

☒ DELETE

TITLE S  
NAME BARNETT, L. DIANE  
STREET ADDRESS % SHENANDOAH  
CITY-ST-ZIP JACKSONVILLE IL 62650

☐ DELETE

TITLE S  
NAME BAKER, BARBARA  
STREET ADDRESS 501 MANDALAY AVENUE  
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

MEAD, RUTH C. (DIR)  
501 MANDALAY  
CLEARWATER BCH. FL

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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, or on an attachment with an address.

SIGNATURE:

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

4-22-96

Date

813/443-2400

Daytime Phone

CR2E034 (12/95)