SECOND NOTICE: CORPORATION WILL BE DISSCLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

L75146

(5)

CONTINENTAL RAILROAD SUPPLY, INCORPORATED

Principal Place of Business	Principal Place of Business Mailing Address P O BOX 5458 P.O. BOX 1867 NAVARRE FL 32566 NAVARRE FL 32566 US							3. Date Incorporated or Qualitied 3a. Date of Last Report					
25 Sure, April #, etc. 25 Sure, April #, etc. 27 Sure, April #, etc. 27 Sure, April #, etc. 28 Sure, April #, etc. 28 Sure, April #, etc. 29 Sure, April #, etc. 29 Sure, April #, etc. 29 Sure, April #, etc. 20 Sure, April #,	A Delevioral Di	lacat Division						08/04/1995			-		
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Solution		Country		Zip Cou				8. This corporation has liability for intar gible tax u					
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COFFEELD, P. COLLEN STORY HIGHWAY 98 EAST SUITE 3A DESTIN FL 32541 94 City FL 85 Z-p Code			Regist	tered Agent		81	Nama	10. Name and Address of New Reg	jistered /	\gent			-
SUITE 3A DESTIN FL 32541 83 84 City						["]	Mame						
DESTIN FL 32541 83 64 City FL 85 Zip Code						82	Street Add	Street Address (P.O. Box Number is Not Acceptable)					1
SCONATURE STOCK						83							-
11. Pursuant to the provisions of Sections 607 0502 and 617 1508, Florida Statuties the above named corporation submits this statement for the purity of changing his registered agent, or both in the State of Horiza. Such change was authorized by the corporation's board of directors. I hereby accept the applicationed as registered agent, or both in the State of Horiza. Such change was authorized by the corporation's board of directors. I hereby accept the applicationed as registered agent, or both in the State of Horiza. Such change was authorized by the corporation's board of directors. I hereby accept the applicationed agent laint and succept the oppositioned as registered agent, or both in the State of Horiza. Such change was authorized by the corporation's board of directors. I hereby accept the application of the agent as registered agent, or both in the State of Horiza. Such change was authorized by the corporation's board of directors. I hereby accept the application of the agent as registered agent, or both in the State of Horiza. Such change was authorized by the corporation's board of directors. I hereby accept the application of agent the application of the purity accept the application of the purity ac	DE	STIN FL 32541											
1.1. Persuant to the provisions of Sections 607 0502 and 612 1503. Florida Statutes the above named corporation submits this statement for the purpose of changing its registrated agent. I am familiar with, and accept the obligations of Section 607 0505, Provida Statutes Signature						84	City		EI	85	Zip Code		1
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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 1		nu portificities that the information a maked	mills #	o filmo in anti-sta 9 4	6 4 CI	ITY-SI	1 - ZIP						1

further certify that the informal on 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of phingod, or on an attachment with an address

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

964-939-3351