

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M78603 (1)

1. Corporation Name
FLORIDA RAILROAD SERVICES COMPANY



Principal Place of Business % CLYDE S. FORBES, JR. 104 N.W. LANCASTER ST. (P.O. BOX 1267) TRENTON FL 32693	Mailing Address % CLYDE S. FORBES, JR. 104 N.W. LANCASTER ST. (P.O. BOX 1267) TRENTON FL 32693-1267
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2. Principal Place of Business 21 416 N. Main St. (PO Box 1267)	2a. Mailing Address 26 416 N. Main PO Box 1267	3. Date Incorporated or Qualified 04/29/1988	3a. Date of Last Report 07/23/1986
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	4. FEI Number 36-3550203	Applied For <input type="checkbox"/> Not Applicable
23 City & State Trenton, FL	28 City & State Trenton, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32693	25 Country	29 Zip 32693	30 Country
9. Name and Address of Current Registered Agent FORBES, CLYDE S. JR. 104 N.W. LANCASTER STREET TRENTON FL 32693		10. Name and Address of New Registered Agent	

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 416 N. Main St. (P.O. Box 1267) 83 84 City FL		85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	FORBES, CLYDE S. JR. P O BOX 1267 N/A TRENTON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SD	FORBES, BRADLEY E P.O. BOX 1267 TRENTON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do 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 if changed, or on an attachment with an address.

SIGNATURE: Clyde S. Forbes Jr. Date: 4/10/97 (352)463-1103 Daytime Phone #

CR2E034 (9/96)