

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # N96000003555

1. Entity Name
SOUTH EASTERN RAILCAR OPERATORS, INC.



Principal Place of Business
22221 NW 227TH DR
HIGH SPRINGS, FL 32643

Mailing Address
PO BOX 867
HIGHSPRINGS, FL 32655



03042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSINGER, KENT L
902 MCGUIRE COURT
TALLAHASSEE, FL 32303

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARNER, JAMES
STREET ADDRESS	746 GUMTREE DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	PP
NAME	MEIER, JOHN
STREET ADDRESS	110 RUSER-UREY AVEN. APT 3-1
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	ST
NAME	KATHY, PULTS
STREET ADDRESS	P O BOX 867
CITY-ST-ZIP	HIGH SPRINGS, FL 32655
TITLE	D
NAME	MOREMAN, BOB
STREET ADDRESS	3520 COLD SPRINGS LANE
CITY-ST-ZIP	ATLANTA, GA 30341
TITLE	D
NAME	WHITT, JACK
STREET ADDRESS	8023 WHITT LANE
CITY-ST-ZIP	YALAHUA, FL 34797
TITLE	VP
NAME	NORMAN, DANNY
STREET ADDRESS	RT 1 BOX 81
CITY-ST-ZIP	ALLENHURST, GA 313019216

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03/14/07-80067-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathy Pults* **KATHY PULTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07 (352) 317-1666

Date Daytime Phone #