

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90077 031 ****61.25

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
HIGHSRINGS, FL 32655



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **GARNER, JAMES**
STREET ADDRESS **746 GUMTREE DRIVE**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **PP** ☒ Delete
NAME **MEIER, JOHN**
STREET ADDRESS **110 RUSER-UREY AVEN. APT 3-1**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **ST** ☐ Delete
NAME **KATHY, PULTS**
STREET ADDRESS **P O BOX 867**
CITY-ST-ZIP **HIGH SPRINGS, FL 32655**

TITLE **D** ☐ Delete
NAME **MOREMAN, BOB**
STREET ADDRESS **3520 COLD SPRINGS LANE**
CITY-ST-ZIP **ATLANTA, GA 30341**

TITLE **D** ☐ Delete
NAME **WHITT, JACK**
STREET ADDRESS **8023 WHITT LANE**
CITY-ST-ZIP **YALAH, FL 34797**

TITLE **VP** ☐ Delete
NAME **NORMAN, DANNY**
STREET ADDRESS **RT 1 BOX 81**
CITY-ST-ZIP **ALLENHURST, GA 313019216**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **CHARLES PULTS**
STREET ADDRESS **PO BOX 867**
CITY-ST-ZIP **High Springs FL 32655**

TITLE **PP** ☒ Change ☐ Addition
NAME **GARNER, JAMES**
STREET ADDRESS **746 GUMTREE DR**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/18/08

Date

352 317-1666

Daytime Phone #