

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90036 039 ***150.00

DOCUMENT # P00000117240

1. Entity Name
FEC HIGHWAY SERVICES, INC.



Principal Place of Business
**12735 GRAN BAY PARKWAY WEST
BUILDING 200, SUITE 201
JACKSONVILLE, FL 32258**

Mailing Address
**12735 GRAN BAY PARKWAY WEST
BUILDING 200, SUITE 201
JACKSONVILLE, FL 32258**

2. Principal Place of Business
One Malaga Street
Suite, Apt. #, etc.

3. Mailing Address
One Malaga Street
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

4. FEI Number
59-3688077

Applied For
Not Applicable

Zip
32084

Country
St. Johns

Zip
32084

Country
St. Johns

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDDINS, HEIDI J
ONE MALAGA STREET
ST. AUGUSTINE, FL 32084**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D
ANESTIS, ROBERT
ONE MALAGA STREET
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
John C. Lucas
One Malaga Street
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
MCIPHERSON, JOHN D
ONE MALAGA ST
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
Charles G. Pomar
One Malaga Street
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
EDDINS, H J
ONE MALAGA STREET
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Heidi J. Eddins
One Malaga Street
St. Augustine, FL 32084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SMITH, R G
ONE MALAGA STREET
SAINT AUGUSTINE, FL 32084 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
David A. MacInnes
One Malaga Street
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
LEHAN, BRADLEY D
ONE MALAGA STREET
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
Cheryl A. Starling
One Malaga Street
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BRAMLITT, AMY
ONE MALAGA STREET
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CM
Christopher C. Sieburg
One Malaga Street
St. Augustine, FL 32084 ☐ Change ☒ Addition

12. I 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 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 607, 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:

Heidi J. Eddins

Heidi J. Eddins

4/15/04

904-826-2398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000117240

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Attachment

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip
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Country
St. Johns

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St. Johns

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Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C/D	<input type="checkbox"/> Delete
NAME	ANESTIS, ROBERT	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	MCPHERSON, JOHN D	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDDINS, H J	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, R G	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LEHAN, BRADLEY D	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAMLITT, AMY	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marlene Hammock	
STREET ADDRESS	One Malaga Street	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heidi J. Eddins

4/15/04

Date

904-826-2398

Daytime Phone #