

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 03, 1999 8:00 am**  
**Secretary of State**

09-03-1999 90003 041 \*\*\*175.00

0098978

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000075094** ✓ (2)

1. Corporation Name

**THE RAILHEAD EXPRESS, INC.**

Principal Place of Business

P.O. BOX 8658  
NAPLES FL 34101

Mailing Address

P.O. BOX 8658  
NAPLES FL 34101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/05/1998**

4. FEI Number

**59-352-5834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **1495 Railhead Blvd**

Suite, Apt. #, etc.

22 City & State

23 **NAPLES FL**

Zip

24 **34110**

Country

25 **USA**

2a. Mailing Address

26 **1495 Railhead Blvd**

Suite, Apt. #, etc.

27 City & State

28 **NAPLES FL**

Zip

29 **34110**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**DIAKOS, SYLVIA**  
**(1459 RAILHAD BLVD.**  
**SUITE #1**  
**NAPLES FL 34110**

*collection  
only ->*

10. Name and Address of New Registered Agent

81 Name

**DIAKOS SYLVIA**

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

**1495 Railhead Blvd**

83

Suite 1

84 City

**NAPLES**

FL

85 Zip Code

**34110**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DIAKOS, PETER**  
STREET ADDRESS **P.O. BOX 8658 N/A**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **DIAKOS, SYLVIA**  
STREET ADDRESS **P.O. BOX 8658 N/A**  
CITY-ST-ZIP **NAPLES FL 34101**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**34101**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-20-99**

Date

Daytime Phone #

**(941) 262-3339**

CR2E034 (5/99)

P98000075094  
612370-90003-41

8-20-1999

ADRIAN J. JONES

Fl. Dept. of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

I'm writing this letter to let you know that I did not receive the first notice of this filing. As soon as I received this second notice I contacted your office and was told to this note and fill out the form. We only got our S-Corporation in Sept. 1998. I only made a few changes concerning the address and added a zip code. Enclosed you will find a check for 175.00. When I called the young lady told me what to send but we had a bad connection and I think she said \$175.00.

ADRIAN J. JONES  
17800 N. W. 22nd Ave  
Miami, FL 33187

Thank you,

 V.P.

Sylvia Diakos, V.P.