FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 12 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001488006
-05/16/95--01009--013
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **V10906** **(8)**

1. Corporation Name
ENGINEERING SERVICES, INC., RAILROADS

Principal Place of Business	Mailing Address
1253 FRUIT COVE DR S JACKSONVILLE FL 32259	1253 FRUIT COVE DR S JACKSONVILLE FL 32259

3. Date Incorporated or Qualified: **01/31/1992**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-3114528** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25: Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

COTTEN, KENNETH, P.E.
1253 FRUIT COVE DR S
JACKSONVILLE FL 32259

P

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☒ Addition
NAME	COTTEN, KENNETH P.E.	12 NAME	
STREET ADDRESS	1253 FRUIT COVE DR S	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	32259
TITLE	TS	21 TITLE	☐ Change ☒ Addition
NAME	COTTEN, MARY B	22 NAME	
STREET ADDRESS	1253 FRUIT COVE DR	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	32259
TITLE	D	31 TITLE	☐ Change ☒ Addition
NAME	COTTEN, JOHN	32 NAME	
STREET ADDRESS	PO BOX 28 - 1565 CRANSTON RD	33 STREET ADDRESS	
CITY-ST-ZIP	MOREMEAD KY	34 CITY-ST-ZIP	MOREHEAD, KY 40351
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	COTTEN, C J	42 NAME	
STREET ADDRESS	PO BOX 28 - 1565 CRANSTON RD	43 STREET ADDRESS	
CITY-ST-ZIP	MOREMEAD KY	44 CITY-ST-ZIP	MOREHEAD, KY 40351
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	COTTEN, ROBIN	52 NAME	
STREET ADDRESS	PO BOX 28, 1565 CRANSTON RD	53 STREET ADDRESS	
CITY-ST-ZIP	MOREMEAD KY	54 CITY-ST-ZIP	MOREHEAD, KY 40351
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Kenneth Cotten Kenneth Cotten 5/8/95 287-0328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024000 CP