

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F26399 (8)**

1. Corporation Name  
**RAIL SWITCHING SERVICES, INC.**

Principal Place of Business <b>2805 THOMAS DRIVE P O BOX 28300 PANAMA CITY BEACH FL 32408 US</b>	Mailing Address <b>2805 THOMAS DRIVE P.O. BOX 28300 PANAMA CITY FL 32408-6227 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/23/1981</b>	3a. Date of Last Report <b>05/01/1984</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>63-0806161</b> Applied For <input type="checkbox"/> Not Applicable
22.	27.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23.	28.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24.	29.	30.
25.		30.

9. Name and Address of Current Registered Agent <b>DURDEN, MICHAEL E. 2605 THOMAS DRIVE PANAMA CITY BEACH FL 32411</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number Is Not Acceptable)	
		83.	
		84. City	<b>FL 85</b> 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUSKEY, DOW</b>	1.2 NAME	
STREET ADDRESS	<b>112 W. TROY</b>	1.3 STREET ADDRESS	<b>2605 THOMAS DR</b>
CITY - ST - ZIP	<b>DO THAN AL</b>	1.4 CITY - ST - ZIP	<b>PANAMA CITY BEACH, FL 32411</b>
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURDEN, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>2605 THOMAS DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAUGH, KEVIN</b>	3.2 NAME	
STREET ADDRESS	<b>2605 THOMAS DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORTON, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>277 ORCHARD RD.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEWARK DE</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ORVILLE</b>	5.2 NAME	
STREET ADDRESS	<b>300 WILLOW VALLEY LK DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WILLOW STREET PA</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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: Orville Miller 4-17-95 9043308331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #