

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 23

DOCUMENT # **355533** (1)
1. Corporation Name
ALLSTATE GAS COMPANY OF FLORIDA INC

Principal Place of Business Mailing Address
5201 N W 9TH AVENUE 5201 N W 9TH AVENUE
FT LAUDERDALE FL 33309-0190 FT LAUDERDALE FL 33309-0190

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-------------------|---------------------|------------------------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/18/1969 | 3a. Date of Last Report 04/05/1994 |
| 21 | 22 | | 4. FEI Number 59-1280843 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | Zip | Country | 28 | Zip | Country |
| 24 | 33309-3193 | | 29 | 33309-3193 | 30 |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| BLAU, LINDA M 6100 N.E. 19 AVENUE FT.LAUDERDALE FL 33308 | | | | 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

Signature, typed or printed name of registered agent and title of agent (if applicable) (NOTE: Registered Agent capabilities required after 1/1/97) Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94 | |
|----------------------------|---------------------|--|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAU, ARTHUR E | 1.2 NAME | |
| STREET ADDRESS | 6100 N.E. 19 AVENUE | 1.3 STREET ADDRESS | DECEASED |
| CITY, ST, ZIP | FT.LAUDERDALE FL | 1.4 CITY, ST, ZIP | BLAU, ARTHUR E. |
| TITLE | STD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAU, LINDA M | 2.2 NAME | |
| STREET ADDRESS | 6100 N.E. 19 AVENUE | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | FT.LAUDERDALE FL | 2.4 CITY, ST, ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LENZ, DEBORAH M. | 3.2 NAME | |
| STREET ADDRESS | 1780 SPRUCE DRIVE | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | ERIE CO | 3.4 CITY, ST, ZIP | |
| TITLE | PD | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAU, DOUGLAS E | 4.2 NAME | |
| STREET ADDRESS | 2731 SW 18 ST | 4.3 STREET ADDRESS | 4425 SW 74 TERRACE |
| CITY, ST, ZIP | FT LAUD FL | 4.4 CITY, ST, ZIP | DAVIE, FL 33314 |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAU, DIANNA M | 5.2 NAME | |
| STREET ADDRESS | 6100 NE 19 AVE | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | FT LAUD FL | 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 190.12(7), 98A, 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 or 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: *Linda M Blau* LINDA M. BLAU 2/20/95 305-776-5961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR