

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90079 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

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



Principal Place of Business: 6000 NE 19 AVE FT LAUDERDALE FL 33308-2121 US
 Mailing Address: 6000 NE 19 AVE FT LAUDERDALE FL 33308-2121 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		11/18/1969		59-1280843 ✓		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
24 Zip		29 Country		30 Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHITH, LINDA M 6000 N.E. 19 AVENUE FT. LAUDERDALE FL 33308-2121				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 the date of signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	SHITH, LINDA M			1.2 NAME			
STREET ADDRESS	6000 N.E. 19 AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			1.4 CITY-ST-ZIP		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	LENZ, DEBORAH M.			2.2 NAME			
STREET ADDRESS	-2712 PHEASANT DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGMONT CO 80503			2.4 CITY-ST-ZIP		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	SMITH, RICHARD W.			3.2 NAME			
STREET ADDRESS	6000 NE 19 AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308			3.4 CITY-ST-ZIP		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	BLAU, DIANNA M			4.2 NAME			
STREET ADDRESS	3057 S. PENNSYLVANIA ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD, CO 80110			4.4 CITY-ST-ZIP		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 118.07(3)(f), 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: *Linda M. Smith*

4-12-99 954-491-4371
 32/9802