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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703309 (5)
 1. Corporation Name
THE FLORIDA NATURAL GAS ASSOCIATION, INC.

Principal Place of Business 214 S MONROE ST. TALLAHASSEE FL 32302	Mailing Address PO BOX 11026 TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified 12/09/1961	
4. FEI Number 59-2354981	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROGERS, G. DAVID
214 N. MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, J.A.	
STREET ADDRESS	501 W MEADOW STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAIDEN, DONALD E	
STREET ADDRESS	1625 ATWOOD DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRABSON, JOHN A	
STREET ADDRESS	111 MADISON ST.	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	FITZGERRELL, LINDA	
STREET ADDRESS	601 450 LAKE DESTINY RD.	
CITY-ST-ZIP	MAITLAND FL 32794-5100	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James A. Williams	
1.3 STREET ADDRESS	03446 Starfish Ave.	
1.4 CITY-ST-ZIP	Fruitland Park, FL. 34731	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Linda Fitzgerald	
2.3 STREET ADDRESS	601 450 Lake Destiny Rd.	
2.4 CITY-ST-ZIP	Maitland, FL. 32794-5100	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	C.L. Stein	
3.3 STREET ADDRESS	401 South Dixie Highway	
3.4 CITY-ST-ZIP	West Palm Beach, FL. 33402	
4.1 TITLE	I-VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harry Zehender	
4.3 STREET ADDRESS	4747 Ndb Hill Road #5	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33351	
5.1 TITLE	2-VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard F. Wall	
5.3 STREET ADDRESS	955 East 25th Street	
5.4 CITY-ST-ZIP	Hialeah, FL. 33013-3498	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *J. David Rogers* 2-12-98 850-681-0496

CP2E037 (10/97)