

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 703309 1. Corporation Name

## **FILED** Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90050 040 \*\*\*\*61.25

THE FLO	DRIDA NATURAL GAS ASSO	CIATION, INC.						
Principal Place of Business Mailing Address							11 <b>414</b> 11 ( <b>44</b> 1	
214 S MONROE ST. PO BOX 11026 TALLAHASSEE FL 32302 TALLAHASSEE FL 32301								
2. Principal P	Place of Business	2a. Mailing Address			Date Incorporated or Qualifed			
26					12/09/1961	<del> </del>	·	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number 59-2354981		plied For	
27					39 2334361	\$8.75 A	t Applicable	
City & State City & State					5. Certificate of Status Desired	Fee Red		
23) Zip			Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 3	_ '		Trust Fund Contribution	Added to	•	
	9. Name and Address of Current		<del>,</del> 1		10. Name and Address of New Registere	d Agent		
			81	Name				
ROGERS, G. DAVID			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
214 N. MONROE STREET TALLAHASSEE FL 32301			83		<del> </del>			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City		85 Zip C	Code	
11. Pursuant office or ragent. I a	am tamiliar with, and accept the obligat	ions of, Section 617.0303, Florid	Ja Statute		orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the property of	or changing its cointment as rec	registered gistered	
	Signature, typed or printed name of registered agen		Registered Age	nt signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	OFFICERS AN	D DIRECTORS  DELETE	1.1 TITLE		ADDITIONS OF ANGLE TO CIT TO ENC.	Change	Addition	
TITLE NAME	WILLIAMS, JAMES A	A section	1.2 NAME	1				
STREET ADDRESS	ANALO ATAREIOU AVE			T ADDRESS	,		ţ	
CITY-ST-ZIP			1.4 CITY-					
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	FITZGERRELL, LINDA		2.2 NAME		1			
STREET ADDRESS	601 450 LAKE DESTINY RD		2.3 STREE	TADDRESS	the second secon			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE	PD	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	STEIN, C.L.		3.2 NAME	1				
STREET ADDRESS	151 555111 51112 11111		3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition	
TITLE	TS	DELETE	4.1 TITLE			Onlarige	L. J. Addition	
NAME	FITZGERRELL, LINDA		4. 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	MAITLAND FL 32794-5100	☐ DELETE	4.4 CITY-1 5.1 TITLE	51-ZIP	<del>-</del>	☐ Change	Addition	
	VPD   Zehender, Harry		5.2 NAME				_	
NAME STREET ADDRESS				TADDRESS				
	4747 HOD THEE HOAD, #5		5.4 CITY-					
TITLE	VPD	☐ DELETÉ	6.1 TITLE			Change	Addition	
NAME	WALL, RICHARD F		6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				
CHALL PUBLICA	AND END LOUIS OFFICE		e a crov	PT 71D				

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, with all other like empowered.

SIGNATURE:

561-F38-176: