

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 20 AM 11:11

DOCUMENT # **N13375** (3)

1. Corporation Name
ASSOCIATED GAS DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business Mailing Address
PO BOX 3395 WEST PALM BEACH FL 33402 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1986	3a. Date of Last Report 02/17/1994
4. FEI Number 59-2659587	Applied For Not Applicable
5. Certificate of Status Oasred <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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
**GOLDMAN, ROBERT S.
215 SOUTH MONROE ST.
SUITE 701 FIRST FLORIDA BANK BLDG.
TALLAHASSEE FL 32302-1876**

10. Name and Address of New Registered Agent	
B1 Name G. David Rogers	B5 Zip Code 32302
B2 Street Address (P.O. Box Number is Not Acceptable) 214 South Monroe Street	
B3	
B4 City Tallahassee	FL

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 *G. David Rogers* DATE **2/15/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	CRESSMAN, FRANK
STREET ADDRESS	401 SOUTH DIXIE HWY.
CITY-ST-ZIP	W. PALM BCH FL
TITLE	DS
NAME	POWERS, BRIAN
STREET ADDRESS	16600 SW WARFIELD BLVD
CITY-ST-ZIP	INDIANTOWN FL
TITLE	DV
NAME	BAREFOOT, PHILLIP
STREET ADDRESS	1015 6TH ST, NW
CITY-ST-ZIP	WINTERHAVEN FL
TITLE	DP
NAME	MCINTYRE, JIM
STREET ADDRESS	301 MAPLE AVE.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DV
3.3 STREET ADDRESS	Martin, J. Peter
3.4 CITY-ST-ZIP	101 N. W. 202 Terrace
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Miami, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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)(M), 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: *Frank Cressman* Frank Cressman 2/10/95 (407) 838-1763
Signature and typed or printed name of signing officer or director Date Telephone #