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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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

PO BOX 3395
WEST PALM BEACH FL 33402-3395
US

3. Date Incorporated or Qualified
02/10/1986

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2659587

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, G. D
214 SOUTH MONROE STREET
SUITE 701 FIRST FLORIDA BANK BLDG.
TALLAHASSEE FL 32302

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 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT DELETE
NAME CRESSMAN, FRANK
STREET ADDRESS 401 SOUTH DIXIE HWY.
CITY-ST-ZIP W. PALM BCH FL

1.1 TITLE DT Change Addition
1.2 NAME CRESSMAN, FRANK
1.3 STREET ADDRESS 401 SOUTH DIXIE HWY
1.4 CITY-ST-ZIP WEST PALM BCH FL 33401

TITLE DS DELETE
NAME POWERS, BRIAN
STREET ADDRESS 16600 SW WARFIELD BLVD
CITY-ST-ZIP INDIANTOWN FL

2.1 TITLE DS Change Addition
2.2 NAME POWERS, BRIAN
2.3 STREET ADDRESS 16600 SW WARFIELD BLVD
2.4 CITY-ST-ZIP INDIANTOWN FL 34956

TITLE DV DELETE
NAME PETER, MARTIN J
STREET ADDRESS 101 N.W. 202 TERRACE
CITY-ST-ZIP MIAMI FL

3.1 TITLE DV Change Addition
3.2 NAME PETER, MARTIN J
3.3 STREET ADDRESS 101 N.W. 202 TERRACE
3.4 CITY-ST-ZIP MIAMI FL 33169

TITLE DP DELETE
NAME MCINTYRE, JIM
STREET ADDRESS 301 MAPLE AVE.
CITY-ST-ZIP PANAMA CITY FL

4.1 TITLE DP Change Addition
4.2 NAME HOUSEHOLDER, JEFF
4.3 STREET ADDRESS 301 MAPLE AVE.
4.4 CITY-ST-ZIP PANAMA CITY FL 32402

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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:

Frank Cressman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561)838-1763

Daytime Phone # 0000001

CR2E037 (9/96)