

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13375 (3)**  
 1. Corporation Name  
**ASSOCIATED GAS DISTRIBUTORS OF FLORIDA, INC.**



Principal Place of Business <b>PO BOX 3395 WEST PALM BEACH FL 33402 US</b>	Mailing Address <b>PO BOX 3395 WEST PALM BEACH FL 33402 US</b>
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3. Date Incorporated or Qualified <b>02/10/1986</b>	
4. FEI Number <b>59-2659587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CRESSMAN, FRANK	
STREET ADDRESS	401 SOUTH DIXIE HWY.	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, BRIAN	
STREET ADDRESS	18600 SW WARFIELD BLVD	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PETER, MARTIN J	
STREET ADDRESS	101 N.W. 202 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HOUSEHOLDER, JEFF	
STREET ADDRESS	301 MAPLE AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stein, Charles L.	
1.3 STREET ADDRESS	401 South Dixie Hwy.	
1.4 CITY-ST-ZIP	West Palm Beach FL 33401	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Palecki, Michael	
2.3 STREET ADDRESS	955 East 25th Street	
2.4 CITY-ST-ZIP	Hialeah, FL 33013-3498	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christmas, Bruce	
3.3 STREET ADDRESS	301 Maple Avenue	
3.4 CITY-ST-ZIP	Panama City, FL 32402	
4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Geoffroy, Thomas	
4.3 STREET ADDRESS	1015 6th Street	
4.4 CITY-ST-ZIP	Winter Haven, FL 33881	
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 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: **Charles L. Stein** *Charles L. Stein* **07/13/98** **561-838-1760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000000

CR2E037 (10/97)