FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000043873 (5) GAS CONTRACTORS, INC. Principal Place of Business Mailing Address 5641 PLUNKETT ST. 6321 S.W. 186 WAY FT. LAUD FL 33332 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/07/1995 2. Principal Place of Busines 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0588331 Not Applicable Suite, Apt. #, etc. Suite Ant #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANHAM, DAVE 6321 S.W. 186 WAY Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUD FL 33332 83 84 City Zip Code 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. Florida Registered SIGNATURE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE Change Addition LANHAM, DAVE NAME 1.2 NAME 6321 S.W. 186 WAY 1.3 STREET ADDRESS STREET ADDRESS FT. LAUD FL 33332 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE VPD 2.1 TITLE Change Addition TWYFORD, BUD NAME 2.2 NAME 6321 S.W. 186 WAY STREET ADORESS 2.3 STREET ADDRESS FT. LAUD FL 33332 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE 3.1 TITLE Addition TITLE LANHAM, KAYE NAME 3.2 NAME 6321 S.W. 186 WAY STREET ADDRESS 3 3 STREET ADDRESS FT. LAUD FL 33332 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELFTE Addition Channe TITLE 41 TITLE HARRIS, MERRIL P NAME 4.2 NAME 6321 S.W. 186 WAY STREET ADDRESS 4.3 STREET ADDRESS FT. LAUD FL 33332 CITY-ST- ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST - ZIP Addition DELETE Change TITLE 6.1 TITLE

64 CITY-ST-ZIP 14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS