

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000050347 (9)**

1. Corporation Name
MARLIN GAS TRANSPORT, INC.



Principal Place of Business P.O. BOX 716 OZONA FL 34660	Mailing Address P.O. BOX 716 OZONA FL 34660-0716
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3. Date Incorporated or Qualified 06/13/1996	3a. Date of Last Report
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21. Principal Place of Business 5238 STATE ROAD 54	2a. Mailing Address 5238 STATE ROAD 54	4. FEI Number 59-2957422	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State NEW PORT RICHEY, FL	28. City & State NEW PORT RICHEY, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 34652	25. Country USA	29. Zip 34652	30. Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**PURSLEY, GEORGE
1248 FLORIDA AVENUE
PALM HARBOR FL 34683**

81. Name NEIL ENERSON	85. Zip Code 34653
82. Street Address (P.O. Box Number is Not Acceptable) 5022 SHERAY LANE	
83.	
84. City NEW PORT RICHEY 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: *Neil Enerson* **NEIL ENERSON** 3/28/97
Signature of registered agent 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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PURSLEY, GEORGE		1.2 NAME GARRY C. JAMES	
STREET ADDRESS 1248 FLORIDA AVENUE		1.3 STREET ADDRESS 3510 SWANS LANDING	
CITY-ST-ZIP OZONA FL 34660		1.4 CITY-ST-ZIP LAND O LAKES, FL 34639	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME NEIL ENERSON	
STREET ADDRESS		2.3 STREET ADDRESS 5022 SHERAY LANE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Neil Enerson* **NEIL ENERSON** 3/28/97 813-817-0186
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)