

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:16

DOCUMENT # **S04235 (5)**

1. Corporation Name  
**MATCHETT & SON LP GAS, INC.**

Principal Place of Business      Mailing Address  
**1420 HWY. 20  
RT. 2, BOX 36  
INTERLACHEN FL 32148**      **1420 HWY. 20  
RT. 2, BOX 36  
INTERLACHEN FL 32148**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/17/1990**      **03/25/1994**

4. FEI Number      Applied For / Not Applicable  
**59-3041749**

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

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

2. Principal Place of Business      2a. Mailing Address  
21 **1420 Hwy 20**      26 **1420 Hwy 20**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22 **Rt 2 Box 36**      27 **Rt 2 Box 36**  
City & State      City & State  
23 **Interlachen FL**      28 **Interlachen FL**  
Zip      Zip      Country      Country  
24 **32148**      25 **USA**      29 **32148**      30 **USA**

9. Name and Address of Current Registered Agent  
**MATCHETT, ROGER DELL  
RT. 2 BOX 36  
INTERLACHEN FL 32148**

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  
**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, Sections 607.0505, Florida Statutes.

SIGNATURE *R. Dell Matchett*      *R. Dell Matchett*      **3-31-95**  
Signature of (present) registered agent and his or her associate      (SOLE) Registered Agent signature required when installing      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DAVIS, JOYCE M</b>
STREET ADDRESS	<b>RT. 2 BOX 36</b>
CITY, ST, ZIP	<b>INTERLACHEN FL 32148</b>
TITLE	<b>D</b>
NAME	<b>MATCHETT, ROGER DELL</b>
STREET ADDRESS	<b>RT. 2 BOX 36</b>
CITY, ST, ZIP	<b>INTERLACHEN FL 32148</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I file hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(k), 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 orally only, 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: *R. Dell Matchett*      **3-31-95**      **904-684-2122**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      Date      (Include Area Code)