I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: BRUCE NARZISSENFELD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N13375

Entity Name: ASSOCIATED GAS DISTRIBUTORS OF FLORIDA, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

214 SOUTHMONROE STREET TALLAHASSEE, FL 32301

Current Mailing Address:

214 SOUTHMONROE STREET TALLAHASSEE, FL 32301 US

FEI Number: 59-2659587

Name and Address of Current Registered Agent:

ROGERS, G. D 214 SOUTH MONROE STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Officer/Di

Title	CHR	Title	TREASURER
Name	NARZISSENFELD, BRUCE	Name	BUSTOS, MIGUEL
Address	702 N FLANKLIN STREET	Address	955 E 25TH STREET
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	HIALEAH FL 33013

IRE					
	Electronic Signature of Registered Agent				
irec	tor Detail :				
	CHR	Title	TREASURER		
	NARZISSENFELD, BRUCE	Name	BUSTOS, MIGUEL		

Date

Certificate of Status Desired: No

FILED Apr 09, 2014 Secretary of State CC0751120306

Date

04/09/2014