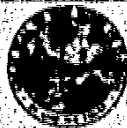


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # 221556 (4)**

1. Corporation Name

**WEST FLORIDA NATURAL GAS COMPANY**

APPROVED  
AND  
FILED

95 APR 26 AM 7:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3RD AND MAPLE STREET  
P. O. BOX 1480  
PANAMA CITY FL 32402

Mailing Address

3RD AND MAPLE STREET  
P. O. BOX 1480  
PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1959

3a. Date of Last Report

04/29/1994

4. FEI Number

59-0953635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under S. 109.032,  
Florida Statutes ☐ Yes ☐ 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

9. Name and Address of Current Registered Agent

MCINTYRE, J.E.  
301 MAPLE AVENUE  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE-  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
SMITH, PATTI  
301 MAPLE AVE.  
PANAMA CITY FL 32402

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
MCINTYRE, J.E.  
3RD MAPLE ST  
PANAMA CITY, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DAS  
SKELTON, WESLEY M.  
101 EAST SABINE  
KILGORE TX 75662

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
MARTIN, RUBEN S. III  
101 EAST SABINE  
KILGORE TX 75662

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NEUMEYER, D.R.  
101 EAST SABINE  
KILGORE TX

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
CHRISTMAS, R. BRUCE  
301 MAPLE AVE.  
PANAMA CITY FL 32402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. McIntyre

Date

2/10/95

Daytime Phone #

(904) 872-6100