


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

FILED

Jun 17 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 # **221556** (4)
1. Corporation Name
WEST FLORIDA NATURAL GAS COMPANY

Principal Place of Business
**3RD AND MAPLE STREET
P. O. BOX 1460
PANAMA CITY FL 32402**

Mailing Address
**3RD AND MAPLE STREET
P. O. BOX 1460
PANAMA CITY FL 32402-1460**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1959	3a. Date of Last Report 04/26/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0953635		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. City		84. City	
85. Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDURANT, ROBERT D.	1.2 NAME	
STREET ADDRESS	101 E. SABINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, J.E.	2.2 NAME	
STREET ADDRESS	3RD&MAPLE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, WESLEY M.	3.2 NAME	
STREET ADDRESS	101 EAST SABINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX 75662	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RUBEN S. III	4.2 NAME	
STREET ADDRESS	101 EAST SABINE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX 75662	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMEYER, D.R.	5.2 NAME	
STREET ADDRESS	101 EAST SABINE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTMAS, R. BRUCE	6.2 NAME	
STREET ADDRESS	301 MAPLE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	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 assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: _____ VP 6/13/97 9:02 PM 6100

CR2E034 (9/96)