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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

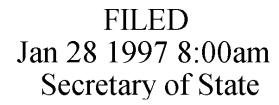
DOCUMENT # 225783

HOMESTEAD GAS CO. INC.

Principal Place of Business

1	l)	١
1	•	_	,

Mailing Address						
437 N KROME AVE						





437 N KROME AVE Homestead FL 33030		437 N KROME AVE HOMESTEAD FL 33030-60	437 N KROME AVE Homestead FL 33030-6040					
					3. Date Incorporated or Qualified 07/10/1959	3a. Date of Last I	Report	
	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			59-0871832		ot Applicable	
Suite, Apt. #, etc 27		27			6. Certificate of Status Desired	Fee R	\$8.75 Additional Fee Required	
City & Stat		City & State		rent.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζιρ 24	Country 25	Zip 29	30 Coun	try	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	platered Agent		
MCE	DONALD, JAMES W. JR.		1	Name				
ARABA A MI ARABID ATREFT				82 Street Address (P.O. Box Number is Not Acceptable)				
			Į.	13				
			Ī	34 City		FL 85 Zip	Code	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida. Such change was	authorized	by the corpora	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing t the appointment a	its registered s registered	
SIGNATURE								
	Signature typed or profed name of registered			Agent signature requ	ired when reinstaling)	DATE	DC 41 40	
12.	r	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	PD Ennis, Mary K.	C) perceit	1.2 NAM	1		Critingo	C Addition	
STRUET ADDRESS	30992 SW 195 AVE			EET ADDRESS	•			
CITY - ST - ZIP	HOMESTEAD FL			Y-ST-ZIP				
THE	STD	DELETE	2.1 TITL			Change	Addition	
NAME	JACOBSEN, MILDRED		2.2 NAM		14,	_ ,	_	
STHEET ADDRESS	25300 SW 177 AVE			EET ADDRESS			l	
C TY+ST ZIP	HOMESTEAD FL			Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL			☐ Change	Addition	
NAME		•	3.2 NA	1E		•		
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY - ST - 7IP			3.4. CIT	Y-ST-ZIP]	
TITLE		DELETE	4.1 717	E		Change	Addition	
NAME			4. 2 NA	WE				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY - ST - ZIP			4 4 CIT	r-ST-ZIP				
TITLE		☐ DELETE	5 1 TITL	E		Change	Addition	
NAME			5 2 NA)	AE				
STHEET ADDRESS			5 3 STR	EET ADDRESS				
CITY-ST-ZP				(-ST-ZIP		1-1-2:		
TITLE		DELETE	6.1 TITI			∟ Change	L. Addition	
NAME			6.2 NA	AE				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST ZIF		Short on the Elizabeth and the second		r-ST-ZIP	ed in Section 119 07(3)(i) Florida Statutes	1 6		

The activities any war mer importance with this annual report or supplemental annual report to supplemental annual report or supplemental annual report or supplemental annual report to supplemental annual report to strue 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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

Daytime Phone #