

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90133 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 261952

1. Corporation Name

ATLANTIC GAS CORPORATION

Principal Place of Business

101 NW 202ND TERR  
PO BOX 69-J  
MIAMI FL 33169

Mailing Address

504 LAVACA  
SUITE 800  
AUSTIN TX 78701  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1962

4. FEI Number

59-0997270

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTIN, J. PETER  
101 N.W. 202ND TERR  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

C T Corporation System

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

1200 South Pine Island Road

83

84 City

Planation

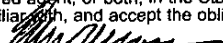
FL

85 Zip Code

33324

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



E.A. Wallace, Ass't Secy 4/28/1999

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, J. PETER	
STREET ADDRESS	101 N W 202 TERR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DEFRAIN, LOU J	
STREET ADDRESS	101 NW 202ND TERR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCLELLAND, JOHN W.	
STREET ADDRESS	303 JULIA ST	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	LEVANDOSKI, JOAN A.	
STREET ADDRESS	101 N W 202 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KOPANKE, BETTY C.	
STREET ADDRESS	101 N W 202 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAHL, E.J.	
STREET ADDRESS	101 N.W. 202ND TERR.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/CEO/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KELLEY, PETER H.	
1.3 STREET ADDRESS	504 LAVACA, STE 800	
1.4 CITY-ST-ZIP	AUSTIN, TX 78701	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KARA, AL	
2.3 STREET ADDRESS	504 LAVACA STE 800	
2.4 CITY-ST-ZIP	AUSTIN, TX 78701	
3.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KUAPIL, DAVID J.	
3.3 STREET ADDRESS	504 LAVACA, STE 800	
3.4 CITY-ST-ZIP	AUSTIN, TX 78701	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	YANKOWSKI, GEORGE E.	
4.3 STREET ADDRESS	504 LAVACA STE 800	
4.4 CITY-ST-ZIP	AUSTIN, TX 78701	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MORGAN, DENNIS	
5.3 STREET ADDRESS	504 LAVACA, STE 800	
5.4 CITY-ST-ZIP	AUSTIN, TX 78701	
6.1 TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GROCE, SUSAN	
6.3 STREET ADDRESS	504 LAVACA, STE 800	
6.4 CITY-ST-ZIP	AUSTIN, TX 78701	

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SENIOR VICE PRESIDENT  
& CONTROLLER

Date

Daytime Phone #

CR2E034 (11/98)