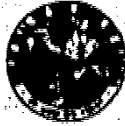


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 341732

(6)

1. Corporation Name

SUBURBAN GAS COMPANY INC

Principal Place of Business

**8911 PENSACOLA BLVD
PENSACOLA FL 32534**

Mailing Address

**8911 PENSACOLA BLVD
PENSACOLA FL 32534**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/18/1969

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1232696

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 In Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SANDERS, LAMAR
8911 PENSACOLA BLVD.
PENSACOLA FL 32534**

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 the 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

NAME

BOUTWELL, GERTRUDE

STREET ADDRESS

8911 PENSACOLA BLVD.

CITY - ST - ZIP

PENSACOLA FL

TITLE

ST

NAME

SANDERS, MARILYN

STREET ADDRESS

8911 PENSACOLA BLVD.

CITY - ST - ZIP

PENSACOLA FL

TITLE

D

NAME

SANDERS, MARILYN

STREET ADDRESS

8911 PENSACOLA BLVD.

CITY - ST - ZIP

PENSACOLA FL

TITLE

VD

NAME

SANDERS, LAMAR

STREET ADDRESS

8911 PENSACOLA BLVD.

CITY - ST - ZIP

PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

MARILYN SANDERS
Marilyn Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 (904) 476-1667
Date Daytime Phone