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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **392022** (0)

1. Corporation Name
EMPIREGAS INC. OF FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1700 S JEFFERSON ST
BOX 303
LEBANON MO 65536**

3. Date Incorporated or Qualified **11/30/1971** 3a. Date of Last Report **04/28/1994**
4. FEI Number **43-0976131** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LINDSEY, PAUL S. 1700 S JEFFERSON LEBANON, MO 00000	1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP	P D Steve Plaster 1700 S. Jefferson Lebanon, MO 65536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V YOUNG, LINK 1700 S JEFFERSON ST LEBANON, MO 00000	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP	V Luther Gill 1700 S. Jefferson Lebanon, MO 65536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD NOE, EARL 1700 S JEFFERSON LEBANON, MO 00000	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP	S Earl Noe 1700 S. Jefferson, Lebanon, MO 65536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SCHAEFER, JOSEPH L. 1700 S JEFFERSON ST LEBANON, MO 00000	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP	T Steve Politte 1700 S. Jefferson Lebanon, MO 65536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHALL, VALERIA 1700 S JEFFERSON LEBANON MO	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP	D Kevin Moran 1700 S. Jefferson Lebanon, MO 65536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LARRY WEIS 1700 S JEFFERSON ST LEBANON, MO 65536	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP	D Larry Weis 1700 S. Jefferson, Lebanon, MO 65536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes to an officer or director with an address.

SIGNATURE: *[Signature]* 4-17-95 417-532-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature #)