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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Sacretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 415122

(1)

1. Corporation Name TRU-GAS OF FLORIDA, INC. Principal Place of Business Mailing Address 206 E. NEW HAVEN AVENUE MELBOURNE FL 32901 MELBOURNE FL 32901								
6 D:-:			·		3. Date Incorporated or Qualified 12/21/1972	3a. Date o	f Last Re 1/12/19	
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-1443725			lot Applicable
2		27			5. Certificate of Status Desired			Additional tequired
City & State)	City & State			6. Election Campaign Financing			May Be
3		28	7.7.4		Trust Fund Contribution		Added	May Be I to Fees
Zip 4	Country 25	Zip	Country	'	8. This corporation has liability for	intangible tax ι	under s	199.032,
<u> </u>	9. Name and Address of Currer	29 29 Agent	30		Florida Statutes X Yes	□No		
		3.0.0.00 / 19011	81	Name	10. Name and Address of New R	legistered Ag	ent	
RODGE	ERS, W EMMITT			<u></u>				
206 EAST NEW HAVEN DRIVE			82	Street Addi	ess (P.O. Box Number is Not Acceptable)			
MELBO	OURNE, FL		83					
			84	City				
44 5				'				Code
Or registere	o the provisions of Sections 607,0502 ad agent, or both, in the State of Floric	Land 607.1508, Florida Statu da. Such chango was authori	ites, the above-r ized by the corp	named corpor oration's boar	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of chang	ing its re	gistered office
	h, and accept the obligations of, Secti	ion 607.0505, Florida Statute	es		and or a recorded. This edy accept the appli	antinient as teb	gistered a	agent. Fam
SIGNATURE _	Signature, typed or printed name of registered agent	and the if applicance in the	Olle Basiliand Appr	TTT LETTERS				
	Styriature, typod or printed na nin of registerod age: t OFFICERS AND		OTE Royslered Ager	t signature require		DATE CERS AND OU	DECTOR	10 IN 10
2.	OFFICERS AND		OTE Rogistered Agen 13. 1.1 Trill	t signature require	ed when resistating? ADDITIONS/CHANGES TO OFF!	CERS AND DI		
P2.	OFFICERS AND T LINTON, RICHARD A.	DIRECTORS	13.	t signature require		CERS AND DI		S IN 12
IZ. HTLE HAME STREET ADDRESS	OFFICERS AND T LINTON, RICHARD A. 1300 OAK AVE., NORTH	DIRECTORS	13. 1. 1 Trī LE			CERS AND DI		
12. Hitle Name Street address City-St-Zip	OFFICERS AND T LINTON, RICHARD A. 1300 OAK AVE., NORTH ONALASKA WI	Directors	13. 1. 1 TITLE 1.2 NAME	ADDRESS		CERS AND DI		
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SIGNATURE

SAMES A. SENTY

4/29/96

(608) 781-1010

Daytinie Phone #