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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 415122

TRU-GAS OF FLORIDA, INC.

(1)

FILED Apr 03 1997 8:00am Secretary of State

 !

Principal Place of Business Mailing Address						
#206 E. NEW HAVEN AVENUE 206 E. NEW HAVEN AVENUE						
MELBOURNE F		MELBOURNE FL 32901-450				
85 /					3. Date Incorporated or Qualified 12/21/1972	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1443725	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			¢0.76	
22		27			5. Certificate of Status Desired	Fee Required
City & Sta 23	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Counti	у	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		31	Yes No
805	9. Name and Address of Currer	nt Registered Agent	8	Name	10. Name and Address of New Reg	gistered Agent
	XGERS, W EMMITT EAST NEW HAVEN DRIVE		ľ	Name		
	BOURNE, FL		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)
WEL	DOOMAC, I'L		83	d		
•••	-					
4			84	City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOI D DIRECTORS	TE Rogistered A	jent signature re	iquired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	T	☐ DECE1E	1.1 TITLE			Change Addition
NAME	LINTON, RICHARD A.		1.2 NAME			
STREET ADDRESS	1300 OAK AVE., NORTH		1.3 STREE	I AOORESS		
CITY-ST-ZIP	ONALASKA WI	T ocurre	14 CRY-	\$1 - ZIP		
TITLE	SENTY, JAMES A.	☐ DELETE	2 1 11111			Change Addition
NAME STREET ADDRESS	1107 CLIFFWOOD LANE		22 NAME	I ADDRESS		
PITY-ST-ZIP	LACROSSE WI		2.3 STREE			
TITLE	DVS	DELETE	3.1 TITLE	01 24		Change Addition
NAME	SENTY, JOHN L.		3.2 NAME			
STREET ADDRESS	207 WARREN ST.		3.3 STREE	1 ADDRESS		
CITY-ST-ZIP	INDEPENDENCE WI	Drift	3.4. CITY-	\$1-7IP		
TOTLE	AS HISER, VONA J.	L DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS	1118 SEILER LANE		4. 2 NAME			
CITY-ST-ZIP	LA CROSSE WI		4.3 STREE	1 ADDRESS		
TITLE		DELETE	5.1 TITLE	31-2H		Change Addition
MAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CHY-	ST-ZIP		
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME	-		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			64 CITY -	ST-ZIP		

14. I do 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.