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Secretary of State

03-04-1999 90015 038 ***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 # 655080

1. Corporation Name

EVEREADY GAS AND APPLIANCE, INC.

Principal Place of Business US HWY 98 EAST P.O. BOX 574 CARRABELLE FL 32322	Mailing Address US HWY 98 EAST P.O. BOX 574 CARRABELLE FL 32322
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1980	4. FEI Number 59-1970374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GRAY, RONALD U.S. HIGHWAY 98 CARRABELLE FL 32322	10. Name and Address of New Registered Agent 81 Name PAUL MARXSEN 82 Street Address (P.O. Box Number is Not Acceptable) 108 AVE B SOUTH Box 629 83 84 City CARRABELLE FL 85 Zip Code 32322
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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 *Paul Marxsen* PAUL MARXSEN, Accountant 2-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME GRAY, RONALD STREET ADDRESS U.S. HIGHWAY 98, POB 574 CITY-ST-ZIP CARRABELLE FL	1.1 TITLE PD 1.2 NAME Tucker W. McLaughlin 1.3 STREET ADDRESS Hwy 501 Halifax Square Shop Ctr P.O. Box 667 1.4 CITY-ST-ZIP Halifax, Va. 24558
TITLE D NAME GRAY, MARLYN STREET ADDRESS U.S. HIGHWAY 98, POB 574 CITY-ST-ZIP CARRABELLE FL	2.1 TITLE S 2.2 NAME Carroll G. Mays 2.3 STREET ADDRESS Hwy 501 Halifax Square Shop Ctr P.O. Box 667 2.4 CITY-ST-ZIP Halifax, Va. 24558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: *Carroll G. Mays* 2-10-99 804-572-8123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)