FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **667834** **(6)**

1. Corporation Name
SOUTH FLORIDA NATURAL GAS CO.

Principal Place of Business
101 NW 202ND TERR.
P.O. BOX 69J
MIAMI FL 33169

Mailing Address
101 NW 202ND TERR.
P.O. BOX 69J
MIAMI FL 33169

3. Date Incorporated or Qualified: 04/24/1980
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business
21
Suite Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1990740 — 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

9. Name and Address of Current Registered Agent
MARTIN, J PETER
101 NW 202ND TERR
MIAMI FL 33169

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 607.0505 and 607.1808, 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 (Registered Agent's Signature required if registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, J PETER		1.2 NAME		
STREET ADDRESS	101 NW 202ND TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	MASTERS, MARCILIE S		2.2 NAME	Lou J. Defrain	
STREET ADDRESS	101 NW 202ND TERR		2.3 STREET ADDRESS	101 NW 202nd Terr.	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	Miami, FL 33169	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLELLAND, JOHN W.		3.2 NAME		
STREET ADDRESS	303 JULIA ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEVANDOSKI, JOAN A		4.2 NAME		
STREET ADDRESS	101 NW 202ND TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KOPANKE, BETTY C.		5.2 NAME		
STREET ADDRESS	101 NW 202ND TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KAHL, E.J.		6.2 NAME		
STREET ADDRESS	101 N.W. 202ND TERR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Martin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: January 22, 1996 Daytime Phone #: (305) 652-1100

J. Peter Martin, President

CR2E034 (12/95)