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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 68J
MIAMI FL 33169

Mailing Address

101 NW 202ND TERR.
P.O. BOX 68J
MIAMI FL 33169-2802

3. Date Incorporated or Qualified 04/24/1980
3a. Date of Last Report 01/30/1996

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

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

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 607.0502 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MARTIN, J PETER
STREET ADDRESS 101 NW 202ND TERR
CITY - ST - ZIP MIAMI, FL 00000

TITLE STD ☐ DELETE

NAME DEFRAIN, LOU J
STREET ADDRESS 101 NW 202ND TERR
CITY - ST - ZIP MIAMI, FL 00000

TITLE V ☐ DELETE

NAME MCLELLAND, JOHN W.
STREET ADDRESS 303 JULIA ST.
CITY - ST - ZIP NEW SMYRNA BCH FL

TITLE AT ☐ DELETE

NAME LEVANDOSKI, JOAN A
STREET ADDRESS 101 NW 202ND TERR
CITY - ST - ZIP MIAMI, FL 00000

TITLE AS ☐ DELETE

NAME KOPANKE, BETTY C.
STREET ADDRESS 101 NW 202ND TERR
CITY - ST - ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE

NAME KAHL, E.J.
STREET ADDRESS 101 N.W. 202ND TERR.
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, unchanged, or on an attachment with an address.

SIGNATURE:

J. Peter Martin

J. Peter Martin, Pres. 1/20/97 (305) 652-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)