FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

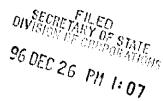
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Pa

1a. DOCUMENT # A93000001079





FLORIDA NATURAL FUELS, LTD.			r Lanson 1840 (bibe 1941) and v natur make and the second and then secul 1860 1864 (and		
			COVIS		
Mailing Address Principal Office Address P. O. BOX 2562 111 E. MADISON ST. TAMPA FL 33601 TAMPA FL 33602			3. Date Formed or Registered 10/19/1993	5a. Capital Contributions as Shown on record \$2,000.00	
INNER IL SOUT	THIN I DOCK		3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Frincipal Office Address		4. State or Country of Formatio	to date: \$200.00	
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. FEI Number 59-3214408	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip Country			B. Make check payable to Dept of State (See reverse side for fee information	
9. Name and Address of Curren	N Registered Agent		10. If changed, new Regis	stered Agent/Office	
SIMPSON, NATHAN B ESQ 111 E. MADISON STREET, SUITE 2300 TAMPA FL 33602		Narrie			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
for the purpose of changing its registered office of agent. Familiamiliar with, and accept the chiligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS	ns of section 620 192, Florida Statutes IS A CORPORATION, T BE REGISTERED A	LIMITED	D	HER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	11c. Flegistration/ Document Number	
SUWANNEE GAS MARKETING, INC.	111 EAST MADISON STRE		TAMPA FL 33602	J91720	
SONAT VENTURES, INC.	1900 FIFTH AVENUE NOR		BIRMINGHAM AL 35203	F93000004684	
<i>r</i>			-01/	20484353 07/9701106017 *191.25 ****191.25	
Note: General partners MAY NO	T be changed on this fo	rm; an am	endment must be filed to	change a general partner.	
12. I do hereby certify that the information supplied with	······				

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership receiver or trustee empowered to execute this report as required by control as requ

Ver Signing Form John A. Brabson

DATE 12/19/96

(813) 273-0074