

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 23 AM 10: 25

1. Name of Limited Partnership FLORIDA NATURAL FUELS, LTD.	1a. DOCUMENT # A93000001079 <i>99-AR CM</i>
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Mailing Address P.O. BOX 111 CORPORATE TAX PC TAMPA FL 33601-0111	Principal Office Address 702 N. FRANKLIN STREET, TECO PLAZA 6 TAMPA FL 33602	3. Date Formed or Registered 10/19/1993	5a. Capital Contributions as Shown on record. \$1,250,000.00
2. Mailing Address Corporate Secretary, P-7	2a. Principal Office Address 702 N. Franklin Street	3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FLORIDA to date \$1,252,639.62
Suite, Apt. #, etc. 702 N. Franklin Street	Suite, Apt. #, etc. 702 N. Franklin Street	4. State or Country of Formation FL	6. FEI Number 59-3214408
City & State Tampa, FL	City & State Tampa, FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept of State (See reverse side for fee information) FF \$ 526.25
Zip 33602	Zip 33602		

9. Name and Address of Current Registered Agent MCDEVITT, SHEILA M 702 N. FRANKLIN STREET TAMPA FL 33602

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SUWANNEE GAS MARKETING, INC.	702 N. FRANKLIN STREE	TAMPA FL 33602	J91720
SONAT VENTURES, INC,	1900 FIFTH AVENUE NOR	BIRMINGHAM AL 35203	F93000004684

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on 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 chapter 620, Florida Statutes.

SIGNATURE _____ DATE December 18, 1998

William N. Cantrell, President
 Suwannee Gas Marketing, Inc.

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number (813) 228-4111

CR2E003 (8/98)