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FILED
May 05 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 # F65218 (2)

1. Corporation Name

PELICAN UTILITY COMPANY

NOW KNOWN AS FLORIDA GAS SERVICES CORPORATION

Principal Place of Business

1000 COLOR PLACE
APOPKA FL 32703

Mailing Address

X1000 COLOR PLACE
XAPOPKA FL 32703



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P. O. Box 609089

27 Suite, Apt. #, etc.

28 City & State

29 Orlando, FL

30 Zip 32860-9089

Country
Orange

3. Date Incorporated or Qualified

02/01/1982

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2220540

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

ARMSTRONG, BRIAN P
1000 COLOR PLACE
APOPKA FL 32703

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	VIERIMA, SCOTT W	1000 COLOR PLACE	APOPKA FL 32703	<input checked="" type="checkbox"/>
VD	TEASLEY, KARLA O	1000 COLOR PLACE	APOPKA FL 32703	<input checked="" type="checkbox"/>
VD	LUZSEN, FORREST L	1000 COLOR PLACE	APOPKA FL 32703	<input checked="" type="checkbox"/>
S	ARMSTRONG, BRIAN P	1000 COLOR PLACE	APOPKA FL 32703	<input type="checkbox"/>
PDC	CIRELLO, JOHN	1000 COLOR PLACE	APOPKA FL 32703	<input type="checkbox"/>
V	TEITINEN, ERIC	1000 COLOR PLACE	APOPKA FL 32703	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
V/D/T	Morris A. Bencini	1000 Color Place	Apopka, FL 32703	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	Kevin Branum	2180 SR 434, Suite 1100	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

Brian P. Armstrong
BRIAN P. ARMSTRONG
Secretary/Reg. Agent

4/18/97

407/880-0058, ext. 152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)