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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 045 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F65218

1. Corporation Name

FLORIDA GAS SERVICES CORPORATION

Principal Place of Business

1000 COLOR PLACE
APOPKA FL 32703

Mailing Address

1000 COLOR PLACE
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1982

4. FEI Number

59-2220540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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	VDT	<input checked="" type="checkbox"/> DELETE
NAME	BENCINI, MORRIS A	
STREET ADDRESS	1000 COLOR PLACE	
CITY-ST-ZIP	APOPKA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	JENSEN, STEVE	
STREET ADDRESS	2180 SR 434, STE. 1100	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, NORM	
STREET ADDRESS	2180 W SR 434 SUITE 1100	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, BRIAN P	
STREET ADDRESS	1000 COLOR PLACE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	CIRELLO, JOHN	
STREET ADDRESS	1000 COLOR PLACE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOOD, JOHN	
STREET ADDRESS	2180 W SR 434 SUITE 1100	
CITY-ST-ZIP	LONGWOOD FL 32779	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bencini, Morris	
1.3 STREET ADDRESS	1000 Color Place	
1.4 CITY-ST-ZIP	Apopka, FL 32703	
2.1 TITLE	Perry, James A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1000 Color Place	
2.3 STREET ADDRESS	Apopka, FL 32703	
2.4 CITY-ST-ZIP		
3.1 TITLE	D, P, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Miranda, Norman	
3.3 STREET ADDRESS	1000 Color Place	
3.4 CITY-ST-ZIP	Apopka, FL 32703	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Martin, Kirk D.	
4.3 STREET ADDRESS	1000 Color Place	
4.4 CITY-ST-ZIP	Apopka, FL 32703	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRK D. MARTIN

MAY 14, 1999

Date

Daytime Phone #

407/880-0053

CR2034 (1/98)

0068012