FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93256

(8)

YONGUE'S L.P. GAS & SERVICES, INC.

FILED Feb 17 1998 8:00am Secretary of State



Principal Plac 1515 NE 95 P.O. BOX 39 ANTHONY FL 2. Principal P 21 Suite, Apt. 22 City & Stat	8T . 32817 Place of Business #, etc.	Mailing Address 1515 NE 95 ST P.O. BOX 39 ANTHONY FL 32613 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State			DO NOT WRITE IN TO 3. Date Incorporated or Qualified 08/03/1982 4. FEI Number 59-2210178 5. Certificate of Status Desired 6. Election Campaign Financing	
		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	30 Coun	try	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
YO	NGUE, DOROTHY F		- 8	1 Name		
1555 NE 95 ST. ANTHONY FL 32617			1	12 Street A	ddress (P.O. Box Number is Not Acceptable)	
, ~\'\	IIIIONI FL 3201/		[6	13		÷
			6	14 City		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 A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	/
TITLE	VOLICIE DODOTUVE	☐ DELET	1			Change
NAME	Yongue, Dorothy F 1585 NE 95 St		1.2 NAM	i i		[2
STREET ADDRESS	ANTHONY, FL 00000			ET ADDRESS) I
CITY-ST-ZIP TITLE	P	DELETE		-ST-71P		Change Addition
NAME	POPE, LESTER R		2.2 NAM	ł		
STREET ADDRESS	1513 NE 95TH ST			ET ADDRESS	*.	
CRY-ST-ZIP	ANTHONY FL		2. 4 CIT	/-ST-ZIP		J
TITLE	7/0	DELETE	3.1 TITLE	[Change Addition
NAME	YONGUE, FRANK M.		3.2 NAM	F		
STREET ADDRESS	350 N 3RD ST.			FT ADDRESS		
CITY-ST-ZIP	ANTHONY FL	Lorrett		(-ST-ZIP		
TITLE NAME	TS POPE, D. CAROL	DELETE	8	- 1		Change Addition
STREET ADDRESS	1513 NE 95TH ST		4, 2 NAN	ET ADORESS		
CITY-ST-ZIP	ANTHONY FL		1	-ST-ZIP		
TITLE		DELETE				Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE	. :	☐ DELETE				Change Addition
NAME [6.2 NAM	E		
STREET ADDRESS			6.3 STRE	et address		
CITY-ST-ZIP			6.4 CITY	- ST · ZIP		
14. I hereby c	ertify that the information supplied	with this filing does not qua	lify for the exem	ption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r 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 offect 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:

D. Carol Poes D. Carol Bono

2/10/98

(352) 622-5222