

F98000000481

Document Number Only

CF Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

200002411422--3

-01/26/98--01031--023

*****70.00 *****70.00

W98-1756

Wholesale Gas Company

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DIVISION OF CORPORATIONS

98 JAN 26

PM 12:06

98 JAN 26

AM 11:29

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1/27

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| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> UCC Filing |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
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Name Availability
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Thank You!!!

Done



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 26, 1998

C T CORPORATION SYSTEM

SUBJECT: WHOLESALE L.P. GAS COMPANY
Ref. Number: W98000001756

We have received your document for WHOLESALE L.P. GAS COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director. If the officer/director does not have a street address, list a P.O. Box and write (N/A) beside the box number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 498A00004202

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Michael,

Everything is corrected, please
backdate this filing.

Thank You
Hope

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Wholesale L. P. Gas Company

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Mississippi

(State or country under the law of which it is incorporated)

3. 64-0356874

(FEI number, if applicable)

4. February 4, 1957

(Date of incorporation)

5. 2056

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. P.O. Box 9129, Columbus, Mississippi 39705-9129

(Current mailing address)

8. See attached purpose clause

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Alice Wood

Office Address: Hwy 20 & Maddison Ave.

Freeport, Florida, 32439

(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Alice Wood

(Registered agent's signature) (Officer)

Alice Wood

(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS:

Chairman: J. Nutie Dowdle

Address: 2413 Hwy. 45 North, Columbus, Mississippi
39705

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: J. Nutie Dowdle

Address: 2413 Hwy. 45 North, Columbus, Mississippi
39705

Vice President: Keith Laird

Address: 2413 Hwy. 45 North, Columbus, Mississippi
39705

Secretary: John R. Brown

Address: 2413 Hwy. 45 North, Columbus, Mississippi
39705

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Treasurer: John R. Bowen

Address: 2413 Hwy. 45 North

Columbus, Mississippi 39705-

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. J. Nutie Dowdle, President

(Typed or printed name and capacity of person signing application)

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
Wholesale L. P. Gas Company**

To operate a general business for the transportation, distribution and sale of liquified petroleum gases and liquified compresses gases of every kind, character and description and for the transportation, distribution and sale of containers, appliances and systems relating directly or indirectly to the transportation, distribution, sale and use of such liquified petroleum gasses and liquified compressed gases.

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State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on February 04, 1957 the state of Mississippi issued a Charter/Certificate of Authority to:

WHOLESALE L. P. GAS COMPANY

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand
and seal of office
January 22, 1998

Eric Clark

ERIC CLARK,
Secretary of State



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