

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000481

FILED  
Jan 23, 2004  
Secretary of State

Entity Name: WHOLESALE L.P. GAS COMPANY

## Current Principal Place of Business:

P.O. BOX 9129  
COLUMBUS, MS 397059129

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 9129  
COLUMBUS, MS 397059129

## New Mailing Address:

FEI Number: 64-0356874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, ALICE  
HWY 20 & MADDISON AVE.  
FREEPORT, FL 32439 US

## Name and Address of New Registered Agent:

SASSER, MIKE  
9550 PENSACOLA BLVD  
PENSACOLA, FL 32534 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIKE SASSER

01/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: DOWDLE, J N  
Address: 2413 HWY 45 NORTH  
City-St-Zip: COLUMBUS, MS

Title: PCD ( ) Delete  
Name: DOWDLE, J N  
Address: 2413 HWY 45 NORTH  
City-St-Zip: COLUMBUS, MS

Title: V ( ) Delete  
Name: LAIRD, KEITH  
Address: 2413 HWY 45 NORTH  
City-St-Zip: COLUMBUS, MS

Title: V ( ) Delete  
Name: LAIRD, KEITH  
Address: 2413 HWY 45 NORTH  
City-St-Zip: COLUMBUS, MS

Title: ST ( ) Delete  
Name: BOWEN, JOHN R  
Address: 2413 HWY 45 NORTH  
City-St-Zip: COLUMBUS, MS

Title: ST ( ) Delete  
Name: BOWEN, JOHN R  
Address: 2413 HWY 45 NORTH  
City-St-Zip: COLUMBUS, MS

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BOWEN

ST

01/23/2004

Electronic Signature of Signing Officer or Director

Date