

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G07486
1. Corporation Name
YARBOROUGH GAS INCORPORATED

Principal Place of Business
102 E US 90
GLEN ST MARY FL 32040
US

Mailing Address
102 E US 90
GLEN ST MARY FL 32040
US

APPROVED
AND
FILED

99 SEP -3 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1982

2. Principal Place of Business
21 5605 N. MACARTHUR BLVD.
Suite, Apt. #, etc.
22 SUITE 650
City & State
23 IRVING, TEXAS
Zip
24 75038
Country
25
2a. Mailing Address
26 5605 N. MACARTHUR BLVD.
Suite, Apt. #, etc.
27 SUITE 650
City & State
28 IRVING, TEXAS
Zip
29 75038
Country
30

4. FEI Number
59-2230950
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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
TITLE PT
NAME YARBOROUGH, DAVID M
STREET ADDRESS 102 E US 90
CITY-STATE-ZIP GLEN ST MARY FL
TITLE AS
NAME GLOCKER JR, THEODORE W
STREET ADDRESS 1000 ATLANTIC BANK BLDG
CITY-STATE-ZIP JACKSONVILLE, FL 00000
TITLE S
NAME YARBOROUGH, RILEY GLEN
STREET ADDRESS 102 E US 90
CITY-STATE-ZIP GLEN ST MARY FL
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE SVP/CEO
1.2 NAME ROBERT R. GALVIN
1.3 STREET ADDRESS 5605 N. MACARTHUR BLVD. SUITE 650
1.4 CITY-STATE-ZIP IRVING, TX 75038-2664
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME R. RAYDEN HOWARD
4.3 STREET ADDRESS 5605 N. MACARTHUR BLVD., STE 650
4.4 CITY-STATE-ZIP IRVING, TEXAS 75038
5.1 TITLE
5.2 NAME DAVID L. SCOTT
5.3 STREET ADDRESS 5605 N. MACARTHUR BLVD., STE 650
5.4 CITY-STATE-ZIP IRVING, TEXAS 75038
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)