FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G25679** **(3)**

1. Corporation Name
ST. AUGUSTINE GAS COMPANY

Principal Place of Business
4110 UNIV BLVD CT
JACKSONVILLE FL 32217

Mailing Address
4110 UNIV BLVD CT
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1983**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22 — 27
City & State — 23 — 28
Zip — 24 — Country — 25 — 29 — 30

4. FEI Number: **59-2265084** — 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. Does corporation has liability for intangible tax under Ch. 199.032 Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KATZ, RONALD F
3604 HARBOR DRIVE
ST. AUGUSTINE FL 32095

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 the 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

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	KATZ, RONALD F.
STREET ADDRESS	3604 HARBOR DRIVE
CITY, ST, ZIP	ST. AUGUSTINE FL
TITLE	~~ST~~
NAME	~~SIKES, LOUISE E.~~
STREET ADDRESS	~~5353 ORTEGA OAKS LANE~~
CITY, ST, ZIP	~~JACKSONVILLE FL~~

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Address

☐ Change ☐ Address

TITLE	ST
NAME	KATZ, JEFFREY M
STREET ADDRESS	2408 NORMANDY CT.
CITY, ST, ZIP	PONTE VEDRA BEACH, FL 32082

☐ Change ☐ Address

14. I hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemptions stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or is attached with an address.

SIGNATURE: [signature] 5-16-95 (904) 733-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD F. KATZ

0010230 CP