

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **G92561** (1)

1. Corporation Name  
**ALL STAR GAS CORPORATION**



Principal Place of Business Mailing Address  
**% C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324**  
**US**

3. Date Incorporated or Qualified **03/22/1984** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
**1700 S. JEFFERSON** **P.O. Box 303**

4. FEI Number **11-2689360** Applied For Not Applicable

21. Suite, Apt #, etc. 26. Suite, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State **LEBANON MISSOURI** 28. City & State **LEBANON MISSOURI**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **65536** 25. Country 29. Zip **65536** 30. Country

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when residential) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, SHERMAN C.	
STREET ADDRESS	175 PRICE PKWY	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, STEPHEN A.	
STREET ADDRESS	175 PRICE PKWY	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, JEFFREY K.	
STREET ADDRESS	175 PRICE PKWY	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VOGEL, JON M.	
STREET ADDRESS	175 PRICE PKWY	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, ROBERT G	
STREET ADDRESS	175 PRICE PKWY	
CITY-ST-ZIP	FARMINGDALE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARTY TRICKETT	
13 STREET ADDRESS	1700 S JEFFERSON	
14 CITY-ST-ZIP	LEBANON, MISSOURI 65536	
21 TITLE	V-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GARY HERRINGTON	
23 STREET ADDRESS	1700 S. JEFFERSON	
24 CITY-ST-ZIP	LEBANON, MISSOURI 65536	
31 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROBERT MATHEWS	
33 STREET ADDRESS	1700 S. JEFFERSON	
34 CITY-ST-ZIP	LEBANON, MISSOURI 65536	
41 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JAMES AUBMAN	
43 STREET ADDRESS	1700 S. JEFFERSON	
44 CITY-ST-ZIP	LEBANON, MISSOURI 65536	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Mathews  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)