

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G93614** (7)

1. Corporation Name

ANKNEY GAS, INC.

Principal Place of Business

% BILL C. ANKNEY, JR.
526 NW 21 ST
OCALA FL 34475
US

Mailing Address

% BILL C. ANKNEY, JR.
526 NW 21 ST
OCALA FL 34475
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ANKNEY, BILL C., JR.
526 N.W. 21ST STREET
OCALA FL 32670**

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 607.0102 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

Bill C Ankney Jr

BC Ankney Jr 4/24/96

12. OFFICERS AND DIRECTORS

TITLE	PD	ANKNEY, BILL C.	☐ DELETE
NAME			
STREET ADDRESS		2068 NW MAGNOLIA ROAD	
CITY-STATE-ZIP		OCALA FL	
TITLE	DST	ANKNEY, J. M.	☐ DELETE
NAME			
STREET ADDRESS		2068 NW MAGNOLIA ROAD	
CITY-STATE-ZIP		OCALA FL	
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I 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)(s), 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 a later filing with an address.

SIGNATURE:

BC Ankney Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 352-622-8661
Date of Filing

CR2E034 (12/95)