

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4: 02

DOCUMENT # H15414 (6)

1. Corporation Name

COMMUNITY GAS OF DEFUNIAK SPRINGS, INC.

Principal Place of Business

% H.E. SASSER, SR.
9550 PENSACOLA BLVD.
PENSACOLA FL 32534-1238

Mailing Address

% H.E. SASSER, SR.
9550 PENSACOLA BLVD.
PENSACOLA FL 32534-1238

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/07/1984

3a. Date of Last Report

03/30/1994

4. FEI Number

59-2442140

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

SASSER, H.E., SR.
9550 PENSACOLA BLVD.
PENSACOLA FL 32514

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 date of registration

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SASSER, H.E., SR.
9550 PENSACOLA BLVD.
PENSACOLA FL 32534

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
PEACOCK, MARY S
5115 BELLVIEW AVE
PENSACOLA FL 32526

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SRV
SASSER, RICHARD M
7029 LONGLEAF CREEK
PENSACOLA FL 32526

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
SASSER, H E, JR
628 BRIARWOOD
PENSACOLA FL 32506

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
NELL SASSER
4500 DEERFIELD DR
PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(9)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H.E. Sasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-95

Date

904-477-4733

Telephone Number