

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H15414** (6)

1. Corporation Name

**COMMUNITY GAS OF DEFUNIAK SPRINGS, INC.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified  
**08/07/1984**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASSER, H.E., SR.  
9550 PENSACOLA BLVD.  
PENSACOLA FL ~~32511~~ **32534**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code  
**32534**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME SASSER, H.E., SR.  
STREET ADDRESS 9550 PENSACOLA BLVD.  
CITY-ST-ZIP PENSACOLA FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **32534**

TITLE ST ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME PEACOCK, MARY S  
STREET ADDRESS 5115 BELLVIEW AVE  
CITY-ST-ZIP PENSACOLA FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **32526**

TITLE SRV ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME SASSER, RICHARD M  
STREET ADDRESS 7029 LONGLEAF CREEK  
CITY-ST-ZIP PENSACOLA FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **32526**

TITLE V ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME SASSER, H E, JR  
STREET ADDRESS 626 BRIARWOOD  
CITY-ST-ZIP PENSACOLA FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **32506**

TITLE V ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME SASSER, NELL  
STREET ADDRESS 4530 DEERFIELD DR  
CITY-ST-ZIP PENSACOLA FL

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP **32526**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

6.2 NAME  
6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21696 904-477-4733**

Date Daytime Phone #

CR2E034 (12/95)