

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. Community Gas	26. Community Gas
Suite, Apt #, etc.	Suite, Apt #, etc.
22. 1678 Hwy 90 West	27. P.O. Box 9129
City & State	City & State
23. Defunak Springs FL	28. Columbus MS
Zip	Zip
24. 32433	29. 39705
Country	Country
25. USA	30. USA

9. Name and Address of Current Registered Agent
SASSER, H.E., SR.
9550 PENSACOLA BLVD.
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81. Name	Alice Wood
82. Street Address (P.O. Box Number is Not Acceptable)	Highway 20 East 2 Madison Ave
83.	
84. City	Enterprise
85. Zip Code	32439

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 then, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	SASSER, H.E., SR.
STREET ADDRESS	9550 PENSACOLA BLVD.
CITY-ST-ZIP	PENSACOLA FL
TITLE	ST
NAME	PEACOCK, MARY S
STREET ADDRESS	5115 BELLVIEW AVE
CITY-ST-ZIP	PENSACOLA FL
TITLE	SRV
NAME	SASSER, RICHARD M
STREET ADDRESS	7020 LONGLEAF CREEK
CITY-ST-ZIP	PENSACOLA FL
TITLE	V
NAME	SASSER, H E, JR
STREET ADDRESS	1031 OAKVIEW DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	V
NAME	SASSER, NELL
STREET ADDRESS	4530 DEERFIELD DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT
1.2 NAME	J. NUTIE DOWDIE
1.3 STREET ADDRESS	2413 HIGHWAY 45 NORTH
1.4 CITY-ST-ZIP	Columbus MS 39703
2.1 TITLE	VICE PRESIDENT
2.2 NAME	John P Koehn
2.3 STREET ADDRESS	2413 HIGHWAY 45 NORTH
2.4 CITY-ST-ZIP	Columbus MS 39703
3.1 TITLE	SECRETARY/TREASURER
3.2 NAME	John R. Bowen
3.3 STREET ADDRESS	2413 HIGHWAY 45 NORTH
3.4 CITY-ST-ZIP	Columbus MS 39703
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 typed or printed name of signing officer or director

John Bowen

2/28/98

601-328-2080

CR2E034 (10/97)