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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **J41208**

(6)

is a'c al Diago	TOWN GAS INC.	Markey				
incipal Place 1223 HWY 12 P.O. BOX 62	29. N ORTH 5. N/A	Mailing Address 114 HATLEY STREET P.O. BOX 625. N/A				
JASPER FL 3 US	32052	JASPER FL 32052 US		3. Date Incorporated or Qualified	3a. Date of La	st Report
				11/06/1986	02/17	/1995
Principal Pla	ace of Business	2a. Mailing Address		4, FEI Number		Applied For
		26		59-2716966		Not Applicable
Suite, Apt. #	#, OIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional
City & State		City & State		6. Election Campaign Financing		
ony et chine		28		Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		· · · · · · · · · · · · · · · · · · ·
	25	29	30	Florida Statutes	□No	
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	legistered Agent	·
			81 Name			
MARTIN W. WOOD, SR.			82 Street Ad	iress (P.O. Box Number is Not Acceptable)		
	WY 129, NORTH	4	83		······································	· · · · · · · · · · · · · · · · · · ·
	RAWER O		83			
JASPEH	FL 32052		84 City		FL 85	Zip Code
Pursuant to	a tra provisions of Sections 607.0500	2 and 607 1508. Florida Statut	as the above named com	poration submits this statement for the pur		ite registered offic
or registere	ed agent, or both, in the State of Flori	ida. Such channo was authoriz	red by the corporation's bo	pard of directors. I hereby accept the apoc	pintment as regist	ered agent. I am
افأرها مصالاتها فالما	to exist account the obligations of Cont	tion COZ OFOE Eto-ido Otolodo		sard or an octors. Thoropy accops the appr		-
	II, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	S.	pard of directors. I hereby accept the appoint		•
SNATURE	In, and accept the obligations of, Sect		G. DTE: Rogistered Agent signature requ		DATE	
NATURE _	Signal in typical or prints I runne of registered again				DATE	
SNATURE _	Signature system or printed runne of registrated again OFFICERS AN	if and little if applicable (NC	DTE: Rogistered Agent signature requ	wed when reinstating)	DATE	CTORS IN 12
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SIGNATURE: Longie Longo OFFICER OR DIRECTOR

2/21/96 904-792-1012