

FILED
Feb 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 # J41208 (6)
1. Corporation Name
HOMETOWN GAS INC.

Principal Place of Business	Mailing Address
1223 HWY 129, NORTH P.O. BOX 625, N/A JASPER FL 32052 US	114 HATLEY STREET P.O. BOX 625, N/A JASPER FL 32052 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2716966		Applied For	
21. Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip 25. Country		29. Zip 30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARTIN W. WOOD, SR. 1223 HWY 129, NORTH P. O. DRAWER 0 JASPER FL 32052	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	FL

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 respondent 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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, MARTIN W., SR.			1.2 NAME			
STREET ADDRESS	1223 HWY 129 NORTH			1.3 STREET ADDRESS			
CITY - ST - ZIP	JASPER FL	<input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP			2.1 TITLE			
ADDRESS	WOOD, VONNIE L.			2.2 NAME			
CITY - ST - ZIP	1223 HWY 129 NORTH			2.3 STREET ADDRESS			
	JASPER FL	<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS				3.2 NAME			
CITY - ST - ZIP		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
				3.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				4.1 TITLE			
ADDRESS		<input type="checkbox"/> DELETE		4.2 NAME			
CITY - ST - ZIP				4.3 STREET ADDRESS			
				4.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS				5.2 NAME			
CITY - ST - ZIP				5.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				6.1 TITLE			
ADDRESS				6.2 NAME			
CITY - ST - ZIP				6.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		6.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

GNATLIB.

CFR2E034 (10/97)