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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J97353** 1. Corporation Name

(3)

BK-GAS COMPANY

FILED Jan 23 1997 8:00am Secretary of State

-	KANGI QIJOR IJII BIBAI BI	

Principal Place of Business 8875 SEMINOLE BLVD. SEMINOLE FL 34642		Mailing Address 6875 SEMINOLE BLYD. SEMINOLE FL 33772-6014								
					3. Date Inc 10/15/1	orporated or Qualified 987		te of Last 0/1996	Report	
<u> </u>	ace of Business	2a. Mailing Address			4. FEI Num				Applied For	
21	II. A	26			59-28	59326			lot Applicable	
Suite, Apt		Suite, Apt #, etc.			5. Certifica	te of Status Desired			Additional Required	
City & Stat	e 	City & State			I	Campaign Financing nd Contribution			May Be I to Fees	
7 ip	Country	Zip	Cour	try	8. This con	poration has liability for			s. 199.032,	
24	25	29	30		Florida S			No	····	
	9. Name and Address of Curre	nt Registered Agent		B1 Name		nd Address of New Re	gistered /	.gent		
1936	t, william L. Barrington Drive West					lumber is Not Acceptat	ble)			
CLEARWATER FL 34623			83							
				84 City	yy yygyngyy y direke dire	, , , , , , , , , , , , , , , , , , , ,	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida State	utes, the ab	L ove-named	corporation submits	this statement for the t	nurnose of	L I changing	its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Floods' Such change was	authorized	by the cor	poration's board of a	firectors I hereby acce	pt the appo	ointment a	s registered	
	// 47	dichist. Occilon cor. bodo, i		2		~=	4.4		~	
		• / ~								
SIGNATURE.	Signature, typed or panied name of registered ag	jent and telephapplicable INC	TE Registered	Agent signature	e required when reinstating)		DATE			
12.	OFFICERS AN	ND DIRECTORS	TE Registered	Agent signature		NS/CHANGES TO OFFIC		DIRECTO	DRS IN 12	
	OFFICERS AN					NS/CHANGES TO OFFIC		DIRECTO Change		
12. TITLE NAME	OFFICERS AN PTD KENT, WILLIAM L.	ND DIRECTORS	13. 1.1 I/II 1.2 NA	E AE		NS/CHANGES TO OFFIC				
12. TITLE NAME STREET ADDRESS	OFFICERS AN PTD KENT, WILLIAM L. 1936 BARRINGTON DR W	ND DIRECTORS	13. 1.1 TIT 1.2 NAI 13 STF	E ME EET ADDRESS		NS/CHANGES TO OFFIC				
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I do 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 combination 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:

813-398-5120