FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K15579 (1)

1. Corporation Name
GAS NOVA, INC.

Principal Place of Business	Mailing Address
% NORA SHELL 2400 S. UNIVERSITY DR. DAVIE FL 33324	% NORA SHELL 2400 S. UNIVERSITY DR. DAVIE FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/15/1988
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business	2a. Mailing Address
21 Nova Shell	26 Nova Shell
Suite, Apt. #, etc. 22 2400 S. University Dr	Suite, Apt. #, etc. 27 2400 S. University Dr
City & State 23 Davie FL	City & State 28 Davie FL
Zip / Country 24 33324 / 25 USA	Zip / Country 29 33324 / 30 USA

4. FEI Number: 65-0036602 ☐ 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

CHEATHAM, CHRISTOPHER A
13531 SD.W. 10TH PLACE
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name: Cheatham, Christopher A.
82 Street Address (P.O. Box Number Is Not Acceptable): 13531 S.W. 10 Place
83 Davie FL
84 City: FL 85 Zip Code: 33325

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CHEATHAM, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	13531 S.W. 10TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE N FL 33325	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CHEATHAM, LISA	2.2 NAME	
STREET ADDRESS	13531 S.W. 10 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		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)(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: _____ 1-19-95 305-475-8109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231650 CP