## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 L15944

DOCUMENT #
1. Corporation Name

GAS PROPERTIES, INC.

(O

**FILED** 

**Secretary of State** 

May 01 1996 8:00 am

Principal Place o	of Business		М	alling Address								
P.O. BOX 86 DELAND FL 32721		P.O. BOX 86 DELAND FL 32721			Date Incorporated or Qualified   3a. Date of Last Report							
								09/12/1989	1	6/15/19		
				A.L. Was Addison				4. FEI Number	<u></u>	יו נטו נט	Applied For	
2. Principal Plac	be of Busin	988	2a	Mailing Address				59-2978627			Not Applicable	
21			26	Suito Ant # etc						\$8.7	5 Additional	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>Q</b>	Fee	Required	
22				City & State				6. Election Campaign Financing		\$5.0	00 May Be	
City & State			28	28				Trust Fund Contribution Added to Fees				
Zip		Country		Zip	Cou	ntry		8. This corporation has liability for	intangible ta	x under :	s 199.032,	
24	<b>4</b>	25	29		30				₹ No			
<del></del>	9. Name	and Address of Curre	nt Regi	stered Agent				10. Name and Address of New I	Registered /	Agent	·	
						81	Name					
DELLICA	, STEPHE	N B.				82	Street Add	ress (P.O. Box Number is Not Accepte	ble)			
2283 BIV	VER RIDG	F RD.			l	83	<u> </u>					
DELAND FL 32720												
020 110		•				84	City		P"I	85	Zip Code	
						<u>.</u>			FL		registered office	
or registere familiar with	ed agent, o h, and acci	r both, in the State of Flor ept the obligations of, Sec	tion 607	7.0505, Florida Statute:	S.	oo p	JOIGHA 10 200	ration submits this statement for the pr ard of directors. I hereby accept the ap	pate	register	agent. I am	
Oldin Clothe	Signature, tyrie	d or printed name of registered ago				Age	nt signature require	ed when reinstating! ADDITIONS/CHANGES TO OF		DIREC	ORS IN 12	
12.	T	OFFICERS AN	AD DIRE	DELETE	13. 1 1 1	DITLE	T	ADDITIONO/OF PANGES TO OF		Chang		
TITLE	P			[] peccie	1.2 N					_		
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CITY-ST-ZIP	<del> </del>			DELETE	4 1	TITLE		<b>900001</b> 8 -05/15/9601	213	E Grand	e 🗌 Addition	
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STREET ADDRESS					6.3	STRE	ET ADDRESS	ş				
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On or ar	1				ishad as	ما ما م	and not available	y for the exemption stated in Section 1	19 07(3)(k) - F	ionda St	atutes, i further	

14. I do hereby certify that the information sympled with this filling if certify that the information indicated on this annual report or skip oath; that I am an officer or director of the compiration of the report of the symplectic persons in Block 12 or Block 12 or Block 12 or on an array meeting the symplectic persons in Block 12 or Bloc i. voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I furnish support is true and accurate and that my signature shall have the same legal effect as if made under freceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ment with an address. OF SIGNING OFFICER ORDIRECTOR B. De LUCA 4/19/46

SIGNATURE: