

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L41911** (3)

1. Corporation Name

**NOB HILL GAS & WASH, INC.**



Principal Place of Business

Mailing Address

**C/O KEVIN C. COOK  
1862 NORTH NOB HILL ROAD  
PLANTATION FL 33322  
US**

**% KEVIN C. COOK  
1862 NORTH NOB HILL ROAD  
PLANTATION FL 33322**

3. Date Incorporated or Qualified  
**01/11/1990**

3a. Date of Last Report  
**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

4. FEI Number

**65-0178827**

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

10. Name and Address of New Registered Agent

**COOK, KEVIN C.  
1862 NORTH NOB HILL ROAD  
PLANTATION FL 33322**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 registered agent 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 ☐ DELETE  
NAME **DP**  
STREET ADDRESS **COOK, KEVIN C**  
CITY-STATE-ZIP **1862 NORTH NOB HILL ROAD**  
**PLANTATION FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **COSTELLO, JAMES J., JR.**  
CITY-STATE-ZIP **1862 NORTH NOB HILL ROAD**  
**PLANTATION FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **MILLER, JEREL**  
CITY-STATE-ZIP **1862 NORTH NOB HILL ROAD**  
**PLANTATION FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **COSTELLO, JAMES J., SR.**  
CITY-STATE-ZIP **1862 NORTH NOB HILL ROAD**  
**PLANTATION FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **MATTHEW, MASHBURN**  
CITY-STATE-ZIP **1862 NORTH NOB HILL ROAD**  
**PLANTATION FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **MIKE BACH**  
STREET ADDRESS **1862 N. NOB HILL RD.**  
CITY-STATE-ZIP **PLANTATION, FL**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **MIKE BACH - VP**  
6.3 STREET ADDRESS **1862 N. NOB HILL RD.**  
6.4 CITY-STATE-ZIP **PLANTATION, FL. 33322**

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)(k), 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:

*James J. Costello Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/96*  
Date

Daytime Phone #

CR2E034 (12/95)