## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L80170

FLORIDA GAS VENTURES, INC.

(8)

97 HAY 15 PM 2: 48

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business	Mailing Address	
18551 N. TAMIAMI TRAIL	18551 N. TAMIAMI TRAIL	Į.

18551 N. TAMIAMI TRAIL N. FT. MYERS FL 33903		18551 N. TAMIAMI TRAIL N. FT, MYERS FL 33903-7301							
						3. Date Incorporated or Qualified 06/13/1990	3s. Date o 03/25/1		aport
2. Principal Pl	lace of Business	2a. Mailing Address		.,		4. FEI Number		Ap	plied For
21		26				65-0248253			t Applicable
Suite. Apt	#, etc	Suite, Apt. #, etc.	<b></b>			5. Certificate of Status Desired	□ <b>\$</b>	8.75 A Fee Re	dditional quired
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 25	Zip 29	30 Cou	ntry		This corporation has liability for in Florida Statutes	ntangible tax Yes		199.032,
	9. Name and Address of Curren		-1			10. Name and Address of New Rec	Istered Age	nt	
WAG	LE, HAROLD, H			81	Name				
18551 N TAMIAMI TRAIL N FT MYERS FL 33903		82	Street Address (P.O. Box Number is Not Acceptable)						
3117	MILIO IL GODOO			63					
				84	City		FL 8	5 Zip C	Code
11. Porsuant (	to the arrayisions of Sections 607 050	2 and 607 1508 Florida Statu	ites the al	20V8-1	named cor	poration submits this statement for the pr		inaina itr	s registered
office or n	egistered agent, or both, in the State	of Florida, Slich change was	authorize	d by th	ne corpora	poration submits this statement for the pration's board of directors. Hereby accep	t the appoint	nent as	registered
7	in familiar with Anglatic or the obliga	ilions of heddon 107.0505, F	ionoa Stat	oles		YD9 187	)		
SIGNATURE	Signature, typed or printer name of registered ager	nt and pile applicable. (NO	TE Registered	Agent	signature requ	lired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR	S IN 12
TOLE	PD	☐ DELETE	11 TI	TLE				Change	Addition
NAME	KANAVOS, PETER J., JR.		1.2 N	<b>AME</b>	l				
STREET ADDRESS	18551 N. TAMIAMI TRAIL		1.3 \$1	REET AC	Dress				ļ
CHY-S1 ZIP	N. FT. MYERS FL		1.4 C	TY-ST-		NAME			
Title	VD	[_] DELETE	2.1 76	ĭL€	V	DST	LA)	Change	Addition
NAM:	KANAVOS, PAUL C.		2.2 N/	WE		7000021	889	77	
STREET ADDRESS	18551 N. TAMIAMI TRAIL		2.3 S1	REET AC	DRESS	7000021 -05/22/	97011	36	nnı 🚾
City - St - ZIP	N. FT. MYERS FL	DELETE.		ITY-ST-	ŽIP	***1021	<del>9. 75 👍</del>	***1	6 <b>5. (10</b> .
THE	VD WANTANGO MADY D	☐ DELETE	317		ŀ		Ц	Change"	חסואים סאל ביין די
NAME	KANAVOS, MARK D.		3.2 N/						
STREET ADDRESS	18551 N. TAMIAMI TRAIL N. FT. MYERS FL			REET AC					
CITY - SI - ZiF	VST	<b>™</b> DELETE	3.4. C 4.1 TI	TY-\$7-	ZIP			Change	Addition
DILE	WAGLE, HAROLD H.	<b>E</b> SPICEIE	4.1 H		<b>\</b>		لسبا	Change	L. Abbitton
NAME CANALA ASSUME	18551 N. TAMIAMI TRAIL			iante Treet al	NODECC.				
SPREET ADDRESS	N. FT. MYERS FL								
CHY-ST-ZIP TITLE	11-17-1111-11-11-11-7-7-7-7-7-7-7-7-7-7	DELETE	5.1 TI	TY-ST- TLE	L"			Change	Addition
NAME			5.2 N		1			-	
STREET ADORESS				TREET AL	DAESS				
CITY-SE-ZIP				TY-ST-					ļ
TILLE	······································	☐ DELETE	6.1 11		<del></del>			Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$1	reet ac	DRESS .				
CHTY-ST-ZIP			6.4 CI	TY-ST-	ZIP				
	by certify that the information supplied	with this filing does not qua	lify for the	exem	ption state	ed in Section 119.07(3)(i), Florida Statutes	. I further ce	tify that	the

14. 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 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:

ATUNE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

941-731-278