

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

FILED
97 MAY 15 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L80170** (8)
1. Corporation Name
FLORIDA GAS VENTURES, INC.



Principal Place of Business Mailing Address
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** 3a. Date of Last Report **03/25/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0248253		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
24		29		30			
Country		Country					

9. Name and Address of Current Registered Agent

**WAGLE, HAROLD, H
18551 N TAMiami TRAIL
N FT MYERS FL 33903**

10. Name and Address of New Registered Agent

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]* DATE **4/28/97**
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PETER J., JR.	1.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PAUL C.	2.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	2.3 STREET ADDRESS	700002188977--2
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	-05/22/97--01136--001
TITLE	VD	3.1 TITLE	***1028.75 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANAVOS, MARK D.	3.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	VST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGLE, HAROLD H.	4.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **EQUIRED** **4/28/97** Date **941-731-2700** Daytime Phone #

CR2E034 (9/96)