

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

FILED

**Feb 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: **18551 N. TAMiami TRAIL N. FT. MYERS FL 33903**
Mailing Address: **18551 N. TAMiami TRAIL N. FT. MYERS FL 33903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1990

2. Principal Place of Business
21 **100 Hancock Bridge**
22 **D15-543**
23 **Cape Coral FL**
24 **33991** 25 **USA**

2a. Mailing Address
26 **100 Hancock Bridge**
27 **D15-543**
28 **Cape Coral FL**
29 **33991** 30 **USA**

4. FEI Number: **65-0248253**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **100 Hancock Bridge**
84 **D15-543**
85 **Cape Coral FL** 86 **33991**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KANAVOS, PETER J., JR.	
STREET ADDRESS	18551 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANAVOS, PAUL C.	
STREET ADDRESS	18551 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANAVOS, MARK D.	
STREET ADDRESS	18551 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 trustee 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 change of office or appointment with an address.

SIGNATURE: _____

CR2E034 (10/97)