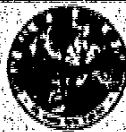


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M76520**

(9)

1. Corporation Name

WEST FLORIDA GAS INC.

Principal Place of Business

**301 MAPLE AVENUE
P. O. BOX 1480
PANAMA CITY FL 32402**

Mailing Address

**301 MAPLE AVENUE
P. O. BOX 1480
PANAMA CITY FL 32402**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

04/14/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

75-2234583

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**

6. This corporation has liability for intangible tax under C. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCINTYRE, JAMES E.
301 MAPLE AVENUE
PANAMA CITY FL 32402**

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 submit 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	MARTIN, RUBEN S., III
STREET ADDRESS	101 EAST SABINE
CITY-ST-ZIP	KILGORE TX
TITLE	D
NAME	NEUMEYER, D.R.
STREET ADDRESS	101 EAST SABINE
CITY-ST-ZIP	KILGORE TX
TITLE	DAS
NAME	SKELTON, WESLEY M.
STREET ADDRESS	101 EAST SABINE
CITY-ST-ZIP	KILGORE TX
TITLE	DP
NAME	MCINTYRE, J.E.
STREET ADDRESS	301 MAPLE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	V
NAME	CHRISTMAS, R BRUCE
STREET ADDRESS	PO BOX 1480 NA
CITY-ST-ZIP	PANAMA CITY FL
TITLE	TD
NAME	BONDURANT, ROBERT
STREET ADDRESS	101 E. SABINE
CITY-ST-ZIP	KILGORE TX

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. McIntyre

Date

2/10/95 (904) 872-6100

Signature Phone #