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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 26 1996 8:00 am  
Secretary of State

DOCUMENT # M76520 (9)

1. Corporation Name

WEST FLORIDA GAS INC.



Principal Place of Business

Mailing Address

301 MAPLE AVENUE  
P. O. BOX 1460  
PANAMA CITY FL 32402

301 MAPLE AVENUE  
P. O. BOX 1460  
PANAMA CITY FL 32402

3. Date Incorporated or Qualified  
04/14/1988

3a. Date of Last Report  
04/26/1995

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CD  
MARTIN, RUBEN S., III  
101 EAST SABINE  
KILGORE TX

TITLE ☐ DELETE

NAME  
D  
NEUMEYER, D.R.  
101 EAST SABINE  
KILGORE TX

TITLE ☐ DELETE

NAME  
DAS  
SKELTON, WESLEY M.  
101 EAST SABINE  
KILGORE TX

TITLE ☐ DELETE

NAME  
DP  
MCINTYRE, J.E.  
301 MAPLE  
PANAMA CITY FL

TITLE ☐ DELETE

NAME  
V  
CHRISTMAS, R BRUCE  
PO BOX 1460 NA  
PANAMA CITY FL

TITLE ☐ DELETE

NAME  
TD  
BONDURANT, ROBERT  
101 E. SABINE  
KILGORE TX

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

Date:

Daytime Phone: #

CR2E034 (12/95)