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Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32402-1480

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/14/1988

3a. Date of Last Report

04/26/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

Yes No

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 reinstating)

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

DELETE

1.1 TITLE Change Addition

TITLE D
NAME NEUMEYER, D.R.
STREET ADDRESS 101 EAST SABINE
CITY-ST-ZIP KILGORE TX

DELETE

2.1 TITLE Change Addition

TITLE DAS
NAME SKELTON, WESLEY M.
STREET ADDRESS 101 EAST SABINE
CITY-ST-ZIP KILGORE TX

DELETE

3.1 TITLE Change Addition

TITLE DP
NAME MCINTYRE, J.E.
STREET ADDRESS 301 MAPLE
CITY-ST-ZIP PANAMA CITY FL

DELETE

4.1 TITLE Change Addition

TITLE V
NAME CHRISTMAS, R BRUCE
STREET ADDRESS PO BOX 1480 NA
CITY-ST-ZIP PANAMA CITY FL

DELETE

5.1 TITLE Change Addition

TITLE TD
NAME BONDURANT, ROBERT
STREET ADDRESS 101 E. SABINE
CITY-ST-ZIP KILGORE TX

DELETE

6.1 TITLE Change Addition

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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

CR2E034 (9/96)