

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M87038

1. Entity Name
DOC'S GAS, INC.



FILED
05 OCT 18 PH 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1324 S. MAIN ST.
BELLE GLADE, FL 33430 US

Mailing Address
1324 S. MAIN ST.
BELLE GLADE, FL 33430 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10132005 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
65-0068456

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALSTON, CALVIN D.
1324 S. MAIN ST.
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name H. E. Hill
Street Address (P.O. Box Number is Not Acceptable)
1324 South Main Street
City Belle Glade FL Zip Code 33430

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *H.E. Hill Pres* H.E. Hill Pres D. 10-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HILL, H. E. ☐ Delete
STREET ADDRESS 1324 S MAIN STREET
CITY-ST-ZIP BELLE GLADE, FL

TITLE VPD
NAME CALVIN D ALSON ☒ Delete
STREET ADDRESS 1324 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE S
NAME MILLER, MONA L ☒ Delete
STREET ADDRESS 1324 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 500060694755
STREET ADDRESS 10/18/05--01009--002 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS ALSTON, BARBARA H
CITY-ST-ZIP 1324 S, main Street
Belle Glade FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H.E. Hill Pres* H.E. Hill Pres D. 10-8-05 561-722-3049
Signature and typed or printed name of signing officer or director Date Daytime Phone #