SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:07

DOCUMENT # P30653 (0)

1. Corporation Name
PEMCO GAS, INCORPORATED

Principal Place of Business	Mailing Address
101 W. BREVARD DR. MELBOURNE FL 32935	101 W. BREVARD DR. MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/16/1990
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

4. FEI Number: 25-1086901 ☐ 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

DICKINSON, CARL W.
1737 SHOREVIEW DR.
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: Carl W. Dickinson
82 Street Address (P.O. Box Number is Not Acceptable): 21 San Marco Court
83
84 City: Palm Coast FL 85 Zip Code: 32137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	DICKINSON, CARL W.	12 NAME	Dickinson, Carl W.	
STREET ADDRESS	1737 SHOREVIEW DR.	13 STREET ADDRESS	21 San Marco Court	
CITY-ST-ZIP	INDIALANTIC FL	14 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	VSD	21 TITLE	Vice Pres. & Sec'y	☒ Change ☐ Addition
NAME	DICKINSON, JEANNE L.	22 NAME	Dickinson, Jeanne L.	
STREET ADDRESS	1737 SHOREVIEW DR	23 STREET ADDRESS	21 San Marco Court	
CITY-ST-ZIP	INDIALANTIC FL	24 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	ASD	31 TITLE	Assit. Sec'y	☒ Change ☐ Addition
NAME	BARATI, ELEANOR, W	32 NAME	Decker, Eleanor, W.	
STREET ADDRESS	12418 HARBOR RIDGE BLVD	33 STREET ADDRESS	12418 Harbor Ridge Blve.	
CITY-ST-ZIP	PALM CITY FL	34 CITY-ST-ZIP	Palm City, FL 34990	
TITLE	TD	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	O'DONNELL, ELIZABETH	42 NAME	O'Donnell, Elizabeth M.	
STREET ADDRESS	16569 BEAR CUB COURT	43 STREET ADDRESS	One John Anderson Dr. #519	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Carl W. Dickinson Carl W. Dickinson 6/9/95 (407)952-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015640 CP