

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 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 # **P30653** (0)

1. Corporation Name
PEMCO GAS, INCORPORATED



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

Mailing Address
**101 W. BREVARD DR.
MELBOURNE FL 32935-6709**

3. Date Incorporated or Qualified
08/16/1990

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 **1300 Pinetree Dr.**

Suite, Apt. #, etc.

22 **Suite 13**

City & State

23 **Indian Harbour Beach, FL**

Zip

24 **32937**

Country

25 **Brevard**

2a. Mailing Address

26 **1300 Pinetree Dr.**

Suite, Apt. #, etc.

27 **Suite 13**

City & State

28 **Indian Harbour Beach, FL**

Zip

29 **32937**

Country

30 **Brevard**

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.
21 SAN MARCO CT
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

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

Carl W. Dickinson

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DICKINSON, CARL W.	
STREET ADDRESS	21 SAN MARCO CT	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	DICKINSON, JEANNE L.	
STREET ADDRESS	21 SAN MARCO CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DECKER, ELEANOR W	
STREET ADDRESS	12418 HARBOR RIDGE BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	O'DONNELL, ELIZABETH	
STREET ADDRESS	1 JOHN ANDERSON DR 519	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Palm Coast, FL 32137
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1401 Winters Creek Road
3.4 CITY-ST-ZIP	Palm City, FL 34990
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 as an attachment with an address.

SIGNATURE:

Carl W. Dickinson

(407) 777-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0103487

CR2E034 (9/96)