FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000011337 (1)

1. Corporation Name
HORIZON GAS OF TAMPA, INC.



Principal Place of	f Business	Mailing Address				•		
1708 F RUSCH BLVD. 9904 N ELMER ST					1			
TAMPA FL 3361		TAMPA FL 33612						
		US		3. Date Incorporated or Qualified 02/12/1993 01/20/1995				
6 Dissinal Plac	e of Business	2a. Mailing Address			4. FEI Number		A	pplied For
2. Principal Plac	e of business	26			59-3128633		N	lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional tequired
City & State	1000	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
:3		28	Country	,	8. This corporation has liability for	intangible tax u	ınder s	199.032,
Zip	Country	Zip Coul		'	Florida Statutes Yes No			
4	9. Name and Address of Curre		1301		10. Name and Address of New F	registered Ag	ent	
	9. Italie and Addiess of Carte		81	Name				
MACHANIA E	DAV.		100	Ctroot Add	dress (P.O. Box Number is Not Acceptate	ole)		
MELVIN, F	USCH BLVD.		82	Sireer Aut	diesa (i .o. Box Hambor is view			
TAMPA FL			83					
IAMEA FI	33012						85 Zip	Code
			84	1		FL		
	the are leigne of Pactions 607 050	2 and 607 1508. Florida Statu	tes, the above	named corp	oration submits this statement for the pu and of directors. I hereby accept the app	irpose of chang	ing its re	egistered office
				poration's bo	oration submits this statement for the po- pard of directors. I hereby accept the app	ointment as re	gistereo	agent. Lam
familiar with	n, and accept the obligations of, Sec	SUDI BUT. CUCU. YUD NONS	·S.					
SIGNATURE _	Signature, typed or printed name of registered age	ot and title if applicable (N	OTE: Registered Ag	ent signature requ	irod when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	D	DELETE	1. 1 TITLE		C, P, D	DAR	Change	Addition
NAME	RAY, MELVIN		1.2 NAME		1 - 112			
i	1708 E. BUSCH BLVD.		1.3 STRE	ET ADDRESS				
STREET ADDRESS	TAMPA FL 33612		1.4 CITY	ST-ZIP				
CITY - ST - ZIP	V	DELETE	2 1 7171		T, D	25	Change	☐ Addition
THILE	GRAHAM, MICHAEL	_	2.2 NAMI		.) >			
NAME	629 N. ST.		2 3 STRE	ET ADDRESS				
STREET ADDRESS	BLUEFIELD WV 27401		24 CITY		_			
CITY - ST - ZIP	S	DELETE	3. 1 TITL				Change	Addition
TITLE	MC GLOTHLIN, MICHAEL	PQ	3 2 NAM	1				
NAME	SECONT ST. GREEN ACRES	S ESTATES		EET ADDRESS				
STREET ADDRESS	POUNDING MILL VA 24637	20111120		-ST-ZIP				
CITY-ST-ZIP	D POUNDING MILE VA 24007	DELETE	4, 1 7(1)		D ₁ S	×	Change	Addition
TITLE	MCGLOTHLIN, MICHAEL	Cherry	4.2 NAM	Į.	1/1			
NAME	SECOND ST., GREEN ACRE	S ESTATES		ET ADDRESS				
STREET ADDRESS	POUNDING MILL VA 24637	O LUINILO						
CITY - ST - ZIP	FOUNDING MILL VA 2403/	DELETE	5. 1 TITE	-ST-ZIP	<u> </u>] Change	Addition
TITLE		L Mille	5.2 NAM	,		-		- 🔻
NAME			1	EET ADDRESS	SEPESSY, YOHN 1708 E. BUSCH	ρ,		
STREET ADDRESS				CT 310	1166 E. BUSCH 1	SC		
CITY - ST - ZIP		☐ DELETE			TAMPA, FL 3361		Change	☐ Addition
TITLE			6 1 7(7			_		
NAME			6.2 NAM	į.				
STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP		4 10 11 1 FP - 1 - 1 - 1 - 1 - 1	64 CIT	r-ST-ZIP	ify for the exemption stated in Section 1	19.07(3)(k), Flor	ida Stati	utes. I further
A A Lute beaut	and further that the information supplies	ed with this filing is voluntarily t	urnishea ana a	oes not quai	IN THE BASINDHALL STORES IN DOCUMENT	10/1/4	-414	if made unde

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption state on the same legal effect as if made under 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 certify that the information indicated on this annual report 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

01/29/14 813/935-2008

R2E034 (12/95)