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Apr 08 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 # P93000016920 (9)

1. Corporation Name

THE GAS APPLIANCE SUPPLY CO., INC.

Principal Place of Business

Mailing Address

1500 AIRWAY CIRCLE  
NEW SMYRNA BCH FL 32168  
US

1500 AIRWAY CIRCLE  
NEW SMYRNA BCH FL 32168-5929  
US



|                                |  |                        |  |   |                                |
|--------------------------------|--|------------------------|--|---|--------------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 03/01/1993  | 06/26/1996                     |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   | Applied For                    |
| 23 Zip                         |  | 28 Zip                 |  | 59-3176203  | Not Applicable                 |
| 24 Country                     |  | 30 Country             |  | 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 |                                |
|                                |  |                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                                |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, DAVID C  
1326 S. RIDGEWOOD AVE.  
# 6  
DAYTONA BEACH FL 32114

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | PD                 | 11 TITLE  |  |
| NAME                       | NIXON, A. DAVID    | 12 NAME   |  |
| STREET ADDRESS             | 1500 AIRWAY CIRCLE | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NEW SMYRNA BCH FL  | 14 CITY-ST-ZIP  |  |
| TITLE                      |                    | 2.1 TITLE   |  |
| NAME                       |                    | 2.2 NAME  |  |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 3.1 TITLE   |  |
| NAME                       |                    | 3.2 NAME  |  |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 4.1 TITLE   |  |
| NAME                       |                    | 4.2 NAME  |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 5.1 TITLE   |  |
| NAME                       |                    | 5.2 NAME  |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 6.1 TITLE   |  |
| NAME                       |                    | 6.2 NAME  |  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 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 on an attachment with an address.

SIGNATURE:

*A. David Nixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Date

904-428-4138

Daytime Phone #

0024114

CR2E034 (9/96)