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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085530 (2)

HORIZON GAS, INC.

13325-A TAMIAMI TRAIL

**FILED** Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13325-A TAMIAMI TRAIL NORTH PORT FL 34287 NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 9304 65-0450771 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ∏ No. 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name RAY, MEL 13325 A TAMIAMI TRAIL 62 Street Address (P.O. Box Number is Not Acceptable) NORTH PORT FL 34287 83 84 City Zip Code 65 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 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed harne of registered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE RAY, MELVIN 1.2 NAME 1708 E. BUSCH BLVD. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE WEEKS, CARL 2.2 NAME NAME 13325A TAMIAMI TRAIL 2.3 STREET ADDRESS STREET ADDRESS N. PORT FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ... Addition TITLE 3.1 TITLE GRAHAM, MICHAEL 3.2 NAME NAME 1708 E. BUSCH BLVD. 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE ☑ Addition TITLE 5.1 TITLE 5,2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition TITLE 6.1 TITLE 500002434575 6.2 NAME NAME -02/19/98---01002---004 STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*1200.00 CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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.

2-9-98

813-535-2008