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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9400006635

1. Corporation Name

GAS PROPERTIES OF DESTIN, INC.

ano i in		· 					
Principal Place	of Business	Mailing Address			( 100,100, 110,100,100,100,100,100,100,10		
506 HWY 98 E		506 HWY 98 E					
DESTIN FL 32541 DESTIN FL 32541 US US					DO NOT WRITE IN	THIS SPACE	
05 05					3. Date Incorporated or Qualifed		
					01/18/1994		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
<b>⊢</b>	ace of Edulicos	26		•	<b>59-3221885</b>		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75	
22	, =	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current y	ear Intangible	
24	25	. 29 30	0		Personal Property Tax.	☐ Yes	□No
<del> </del> J	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	Name			
ABBOTT, STEPHEN J.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
506 HWY 98 E			"-	0000000			
DEST	TIN FL 32541		83				
			0.4	011		85 Zip 0	Code
			84	City		FL  °°   <sup>2</sup> "	2006
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was auth	norized by	the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as re	registered gistered
	Signature, typed or printed name of registered age			nt signature requin		ATE AND DIRECTO	DC IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	0	☐ DELETE 1.1 TI				[_] Change	C Vogilion
NAME	ABBOTT, STEPHEN J.	•	1.2 NAME		-		
STREET ADDRESS	506 HWY 98 E		1.3 STREE	TADDRESS			
CITY-ST-ZIP	DESTIN FL	Dagiere	1.4 CITY-S	T-ZiP	<del> ,</del>	Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE			[] change	C Vaginou
NAME	STEINER, JAMES R. J.		2.2 NAME				
. STREET ADDRESS	506 HWY 98 E	. س ي -	2.3 STREE	T ADDRESS .		<del>-</del>	·
CITY-ST-ZIP	DESTIN FL		2. 4 CITY-5	ST-ZIP	<u></u>	Charac	□ Addition
TITLE	D	☐ DÉLETE	3.1 TITLE			☐ Change	☐ Addition
NAME	ANDREWS, ANGUS G. J		3.2 NAME				
STREET ADDRESS	506 HWY 98 E		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		C2 05	T Addition
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TTTLE			☐ Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition Addition
NAME			6.2 NAME	}			
STREET ADDRESS			6.3 STREE	TADDRESS			

CITY-ST-ZIP 14. I 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 of 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 with all office like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 2

Daytime Phone #