


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**AMENDED**

**FILED**

**96 OCT 21 PM 1:42**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** PA50000043873  
 1. Corporation Name  
**GAS CONTRACTORS, INC.**

Principal Place of Business <b>5641 Plunkett St. Hollywood, Fl. 33021</b>	Mailing Address <b>6321 S.W. 186 Way Ft. Laud., Fl. 33332</b>
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2. Principal Place of Business 21 <b>5641 Plunkett St.</b>	2a. Mailing Address 26 <b>6321 S.W. 186 Way</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Hollywood, Fl.</b>	28 City & State <b>Ft. Laud., Fl.</b>
24 Zip <b>33021</b>	25 Country <b>U.S.A.</b>
29 Zip <b>33332</b>	30 Country <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>6/7/95</b>	3a. Date of Last Report <b>3/13/96</b>
4. FEI Number <b>65-0588331</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**Kaye Lanham  
 6321 S.W. 186 Way  
 Ft. Laud, Fl. 33332**

10. Name and Address of New Registered Agent

81 Name <b>Dave Lanham</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6321 S.W. 186 Way</b>
83
84 City <b>Ft. Laud,</b>
85 Zip Code <b>FL 33332</b>

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 *Dave Lanham* **Dave Lanham, President** 10/16/96  
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres, Kaye Lanham 6321 S.W. 186 Way Ft. Laud., Fl. 33332</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres., Treas., Dir. Linda Twyford 6321 S.W. 186 Way Ft. Laud., Fl. 33332</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ft. Laud., Fl. 33332</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Merril P. Harris 2nd Vice Pres. 6321 S.W. 186 Way Ft. Laud., Fl. 33332</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ft. Laud., Fl. 33332</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Pres., Treas., Dir. Dave Lanham 6321 S.W. 186 Way Ft. Laud., Fl. 33332</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Vice Pres., Dir. Bud Twyford 6321 S.W. 186 Way Ft. Laud., Fl. 33332</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Director, Sec. Kaye Lanham (Delete as Pres. 6321 S.W. 186 Way (Remains Dir, Sec) Ft. Laud., Fl. 33332</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>700001987217--8 -10/28/96--01048--001</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kaye Lanham* **Kaye Lanham, Sec.** 10/16/96 **(954)680-3979**  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (3/96)