

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000056546 (1)**

1. Corporation Name
EMPIREGAS INC. OF OLDSMAR



Principal Place of Business: **1700 S JEFFERSON LEBANON MO 65536**
Mailing Address: **1700 S JEFFERSON LEBANON MO 65536**

3. Date Incorporated or Qualified: **07/19/1995**
3a. Date of Last Report: []
4. FEI Number: **43-1717234**
Applied For: [] Not Applicable
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: [] Yes [] No

2. Principal Place of Business: [21] [22] [23] [24]
2a. Mailing Address: [26] [27] [28] [29]
Suite, Apt. #, etc.: []
City & State: []
Zip: [] Country: []

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324**
81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] 85 Zip Code: **FL**

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: [] DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: [] NAME: pd Steve Plaster STREET ADDRESS: 1700 S. Jefferson CITY-ST-ZIP: Lebanon, MO 65536	<input type="checkbox"/> DELETE	1. TITLE: [] 12 NAME: [] 13 STREET ADDRESS: [] 14 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: s Earl Noe STREET ADDRESS: 1700 S. Jefferson CITY-ST-ZIP: Lebanon, MO 65536	<input type="checkbox"/> DELETE	2. TITLE: [] 22 NAME: [] 23 STREET ADDRESS: [] 24 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: Steve Politte STREET ADDRESS: 1700 S. Jefferson CITY-ST-ZIP: Lebanon, MO 65536	<input type="checkbox"/> DELETE	3. TITLE: [] 32 NAME: [] 33 STREET ADDRESS: [] 34 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Kevin Moran STREET ADDRESS: 1700 S. Jefferson CITY-ST-ZIP: Lebanon, MO 65536	<input type="checkbox"/> DELETE	4. TITLE: [] 42 NAME: [] 43 STREET ADDRESS: [] 44 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Larry Weis STREET ADDRESS: 1700 S. Jefferson CITY-ST-ZIP: Lebanon, MO 65536	<input type="checkbox"/> DELETE	5. TITLE: [] 52 NAME: [] 53 STREET ADDRESS: [] 54 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE	6. TITLE: [] 62 NAME: [] 63 STREET ADDRESS: [] 64 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: *Kevin Moran* **4-24-96** **47-532-3101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)