## 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 #** P95000089394 (7)

rincipal Place of Business	Mailing Address
3649 ALL AMERIÇAN BLVD.	3649 ALL AMERICAN BLVD.
ORLANDO FL 32810	ORLANDO FL 32810

## **FILED** May 06 1998 8:00am Secretary of State

QUALIFIED GAS CORP. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3349569 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIGGINS, ROBERT F 215 NORTH EOLA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32801 83 84 85 Zip Code City 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 registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Change 1.1 TITLE TITLE WEISNER, KENT A 1.2 NAME NAME 3649 ALL AMERICAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS Drlando fl 1.4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE MELLEN, ROBERT T JR. 2.2 NAME NAME **3649 ALL AMERICAN BLVD.** 2.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL 32810** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP \_\_\_ Addition Change ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_ Addition DELETE TITLE 51 WILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 armual 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.

A. Weisner

4-28-98