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Feb 08, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000006885

1. Corporation Name

SOUTHEAST NATURAL GAS COMPANY

Principal Place of Business

#8 MAIN STREET
CHATTAHOOCHEE FL 32324

Mailing Address

275 NORTH BOLIVAR STREET
CHATTAHOOCHEE FL 32324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1996

4. FEI Number

59-3388969

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

D'ALEMBERTE, RICHARD W
275 NORTH BOLIVAR ST.
CHATTAHOOCHEE FL 32324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME D'ALEMBERTE, RICHARD W
STREET ADDRESS 275 NORTH BOLIVAR ST.
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE D ☐ DELETE

NAME SAPP, WALLACE
STREET ADDRESS 1940 S. HWY. 71
CITY-ST-ZIP MARIANNA FL 32448

TITLE VP ☐ DELETE

NAME THIGPEN, JACK B
STREET ADDRESS #6 MAIN ST
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE D ☐ DELETE

NAME JONES, MERRILL O
STREET ADDRESS 225 RIVER ROAD EAST
CITY-ST-ZIP SNEADS FL 32480

TITLE D ☐ DELETE

NAME BAKER, ROY
STREET ADDRESS 4431 LAFAYETTE STREET
CITY-ST-ZIP MARIANNA FL 32448

TITLE T ☐ DELETE

NAME WESTER, BILL
STREET ADDRESS 5565 ROCKY CREEK ROAD
CITY-ST-ZIP MARIANNA FL 32448

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

Bill Wester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-98

(850) 526-9600

Date

Daytime Phone #

CR2E034 (11/98)