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

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90049 038 ***150.00

DOCUN 1. Corporation	MENT # P96000	058429						
N.B. LP	gas service, inc.							
Principal Place	e of Business	Mailing Address	•			I I SOUTO IL LOUIS OUTE OUTE CALLE CALLE	I) Billi (Bill Gill	
12300 SEMINOL		12300 SEMINOLE BLVD						
LOT 67								•
LARGO FL 33778 LARGO FL 33778						DO NOT WRITE IN THIS SPACE		
US		U\$ 	-	_		3. Date Incorporated or Qualifed 07/10/1996	,	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	 	pplied For
21		26				59-3396335		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional
22		27	· · · -		······································			equired
City & State	е	City & State				6. Election Campaign Financing	•	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year li		To all
24	25	29	30			Personal Property Tax.	Yes	™
	9. Name and Address of Curre	nt Registered Agent		4		10. Name and Address of New Registered	a Agent	
DEAL	I MINIA IZ			81	Name			
DEAU, NINA K				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
12300 SEMINOLE BLVD								
LOT 67				83				1
LARGO FL 33778				84	City		. 85 Zip	Code
						F _	_ 1 1	
office or re agent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	oz and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	ies, ine ai iuthorized irida Stati	by ltes	the corpora	progration submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	Agen	it signature requ	dred when reinstating) DATE		i
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 717	īLE.			Change	☐ Addition
NAME	DEAU, SR. R		1.2 NA	мE	ì			
STREET ADDRESS	12300 SEMINOLE BLVD LOT	3 7	13 ST	REET	ADDRESS			į
	LARGO FL 33778	•	1.4 CF		1			
CITY-ST-ZIP	V	[] DELETE	2,1 TIT	_			Change	☐ Addition
NAME	DEAU, JR. R			2.2 NAME		•		ļ
	12300 SEMINOLE BLVD LOT	\$ 7			FADDRESS			
STREET ADDRESS	LARGO FL 33778			2. 4 CITY-ST-ZIP				\
CITY-ST-ZIP_	ST DELETE			3.1 TITLE			Change	Addition
	DEAU, NINA K.		1	3.2 NAME		•	_ •	_
NAME		27			TADODESS			
STREET ADDRESS		31			TADORESS			
CITY-ST-ZIP	LARGO FL 33778	☐ DELETE	3.4. CI 4.1 TF		N- ZIP		Change	Addition
TITLE		[_] OLLC F						_
NAME			4. 2 N		T & DDDDESS			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CI	_	r-ZIP		Change	Addition
TITLE		□ DELETE	5.1 TT			•	L.J Gridinge	
NAME			5.2 N/		f ADDDERSO	·		
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			5.4 CI		1-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TF					. LAddison
	1		■ 62 N/s	alui-	1			T T

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

ECTRES 3

727 -588-912

Daytime Phone #

32F034 (11/98