## 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** # P97000032445 (3)

ANKNEY GAS, INC.

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			THW		<b>2</b> 1ST	STREET

Principal Place of Business

Mailing Address

526 NORTHWEST 21ST STREET OCALA FL 34475

## FILED May 12 1998 8:00am Secretary of State



OCALA FL 34475 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3347497 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** ANKNEY, B C JR **526 NORTHWEST 21ST STREET** 82 Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34475 83 85 Zip Code **B4** 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 registered agout and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change \_\_ Addition 11 TITLE TITLE **an**kney, B C JR 1.2 NAME 526 NORTHWEST 21ST STREET STREET ADDRESS 1.3 STREET ADDRESS **OCALA FL 34475** 1.4 CITY - ST-ZIP CITY-ST-Z#P DELETE Change Addition 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition | TITLE 3.1 TITLE

64 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 his 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

3.2 NAME

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

3.4. CHTY- ST - 7IP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

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STREET ADORESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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