

IF FILING LATE AFTER MAY 1ST IS \$550.00

FILED

Mar 20 1998 8:00am
Secretary of State

DOCUMENT #		1. Corporation Name	
12th Street Gas, Inc.		P97000090156	
Principal Place of Business		Mailing Address	
4536 Clyde Morris Blvd Rm 3 Port Orange, FL 32119			
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
30			
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Marilyn Amendolagine 4536 Clyde Morris Blvd Rm 3 Port Orange, FL 32119		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 607.005, Florida Statutes.		DATE	
SIGNATURE: Marilyn Amendolagine		3/16/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.2 NAME		2.3 STREET ADDRESS	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
2.4 CITY-ST-ZIP		3.1 TITLE	
3.1 TITLE		3.2 NAME	
3.2 NAME		3.3 STREET ADDRESS	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
3.4 CITY-ST-ZIP		4.1 TITLE	
4.1 TITLE		4.2 NAME	
4.2 NAME		4.3 STREET ADDRESS	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
4.4 CITY-ST-ZIP		5.1 TITLE	
5.1 TITLE		5.2 NAME	
5.2 NAME		5.3 STREET ADDRESS	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
5.4 CITY-ST-ZIP		6.1 TITLE	
6.1 TITLE		6.2 NAME	
6.2 NAME		6.3 STREET ADDRESS	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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.			
SIGNATURE: Marilyn Amendolagine		2/13/98 904-322-0673	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)