

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90133 026 ***150.00

DOCUMENT # P97000091815

1. Corporation Name
PINE GAS, INC.

Principal Place of Business

4536 CLYDE MORRIS BLVD., RM. 3
PT. ORANGE FL 32119

Mailing Address

4536 CLYDE MORRIS BLVD., RM. 3
PT. ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3474948

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 **1301 Berille Road**

Suite, Apt. #, etc.

22 **Unit 19**

City & State

23 **Daytona, Florida**

Zip

24 **32119**

Country

25 **USA**

2a. Mailing Address

26 **1301 Berille Road**

Suite, Apt. #, etc.

27 **Unit 19**

City & State

28 **Daytona, Florida**

Zip

29 **32119**

Country

30 **USA**

9. Name and Address of Current Registered Agent

AMENDOLAGINE, MICHAEL
4536 CLYDE MORRIS BLVD., RM. 3
PT. ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name

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

1301 Berille Road

83 **Unit 19**

84 City

Daytona

FL

85 Zip Code

32119

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 PD ☐ DELETE
NAME AMENDOLAGINE, MICHAEL
STREET ADDRESS 4536 CLYDE MORRIS BLVD., RM. 3
CITY-ST-ZIP PT. ORANGE FL 32119

TITLE VD ☐ DELETE
NAME AMENDOLAGINE, MARILYN
STREET ADDRESS 4536 CLYDE MORRIS BLVD., RM. 3
CITY-ST-ZIP PT. ORANGE FL 32119

TITLE STD ☐ DELETE
NAME OWJI, KHOSROW
STREET ADDRESS 1766 SENECA BLVD.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VD ☐ DELETE
NAME OWJI, CAROLYN
STREET ADDRESS 1766 SENECA BLVD.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1301 Berille Road Unit 19**
1.4 CITY-ST-ZIP **Daytona, Florida 32119**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1301 Berille Road Unit 19**
2.4 CITY-ST-ZIP **Daytona, Florida 32119**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/99 904-322-0673

CR2E034 (11/98)