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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 # P98000019030

1. Corporation Name
NORTH PINE GAS, INC.

Principal Place of Business	Mailing Address
4536 CLYDE MORRIS BLVD. #3 PORT ORANGE FL 32119	4536 CLYDE MORRIS BLVD. #3 PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1998

2. Principal Place of Business	2a. Mailing Address
21 1301 Beville Road	26 1301 Beville Road
Suite, Apt. #, etc. 22 Unit 19	Suite, Apt. #, etc. 27 Unit 19
City & State 23 Daytona, Fl	City & State 28 Daytona Beach, Fl
Zip / Country 24 32119 — 25 USA	Zip / Country 29 32119 — 30 USA

4. FEI Number: 59-3495176 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Marilyn Amendolagine
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Beville Road Unit 19
83 Unit 19
84 City: Daytona Beach 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: Marilyn Amendolagine — 2/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMENDOLAGINE, MARILYN 4536 CLYDE MORRIS BLVD. #3 PORT ORANGE FL 32119	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Michael Amendolagine 1301 Beville Road Unit 19 Daytona Beach, Fl 32119 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMENDOLAGINE, MICHAEL 4536 CLYDE MORRIS BLVD. #3 PORT ORANGE FL 32119	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Marilyn Amendolagine 1301 Beville Road Unit 19 Daytona Beach, Fl 32119 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWJI, CAROLYN 1766 SENECA BOULEVARD WINTER SPRINGS FL 32708	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V Carolyn Owji 1766 Seneca Boulevard Winter Springs, Fl 32708 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWJI, KHOSROW 1766 SENECA BOULEVARD WINTER SPRINGS FL 32708	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S T Khosrow Owji 1766 Seneca Boulevard Winter Springs, Fl 32708 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: Marilyn Amendolagine — 2/3/99 — 904-322-0671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #