


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **AMENDED**

APPROVED
AND
FILED

99 AUG 20 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000 053113**

1. Corporation Name

Professional Gas Services, Inc.

Principal Place of Business

333 N. Falkenburg Rd.
Suite B-219
Tampa, FL 33619-7894

Mailing Address

16509 Hanna Rd.
Lutz, FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

June 6, 1998

2. Principal Place of Business

21 333 N. Falkenburg Rd.

2a. Mailing Address

26 16509 Hanna Rd.

4. FEI Number

59-3515189

Applied For

Not Applicable

Suite, Apt. #, etc.
22 Suite B-219

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Tampa, FL 33619-7894

City & State

28 Lutz, FL 33549

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33619-7894

Country

25 Hillsborough

Zip

29 33549

Country

30 Hillsborough

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

James W. Wilson
16509 Hanna Rd.
Lutz, FL 33549

10. Name and Address of New Registered Agent

81 Name No Change

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

500002974375--8

-08/31/99--01037--004

84 City

*****61.25 FL *****61.25

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	President	<input checked="" type="checkbox"/> DELETE
NAME	Roger B. Honaker	
STREET ADDRESS	402 W. Euclid	
CITY-ST-ZIP	Seffner, FL 33584	

TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	James W. Wilson	
STREET ADDRESS	16509 Hanna Rd.	
CITY-ST-ZIP	Lutz, FL 33549	

TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Richard Abbott	
STREET ADDRESS	114 Elrod Dr.	
CITY-ST-ZIP	Brandon, FL 33510	

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	David S. Williams	
STREET ADDRESS	17523 Brandywine Dr.	
CITY-ST-ZIP	Lutz, FL 33549	

TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Michael L. Hensley	
STREET ADDRESS	4708 Iowa Ave.	
CITY-ST-ZIP	Tampa, FL 33616	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James W. Wilson	
2.3 STREET ADDRESS	16509 Hanna Rd.	
2.4 CITY-ST-ZIP	Lutz, FL 33549	

3.1 TITLE	No Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Michael L. Hensley	
5.3 STREET ADDRESS	4708 Iowa Ave.	
5.4 CITY-ST-ZIP	Tampa, FL 33616	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Abbott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard Abbott

08/17/99

Date

813-661-6546

Daytime Phone #

CR2E034 (11/98)