## 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

## DOCUMENT # P98000057156 1. Corporation Name

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90183 010 \*\*\*150.00

NEW C	ENTURY GAS SERVICE, IN	U.						
Principal Plac	e of Business	Mailing Address				I (OUTSEU) ind raint losin anni nosin anim angai	BENTA INDIANA IN	407 80118 6101 1281
8795 SE MAY		8795 SE MAY TERRACE						
HOBE SOUND FL 33455 HOBE SOUND FL 33455								
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						07/15/1998		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	J	Applied For
21		26				65-0848777		Not Applicable
⊢ ······· ⊢ ·		<b>├</b>	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	5 Additional Required
22		27						<del> </del>
City & Sta	te	City & State				6. Election Campaign Financing		May Be
23		28		ıntaı		Trust Fund Contribution		o to rees
Zip	Country	Zip	_	ıntry		8. This corporation owes the current year In	tangible ☐ Yes	□No
24	25	29	30	1		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	int Registered Agent	<del></del>	81	Name	IV. Hante and rubleds of from registered		
NO	OTNEY CHARLES I			ĽΊ				
NOVOTNEY, CHARLES J 8795 SE MAY TERRACE				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	BE SOUND FL 33455			83				
ПОЕ	DE SOUND FL 33433			0.3				
				84	City		85 Z	p Code
						poration submits this statement for the purpose of	- 1 1	
office or I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorized Iorida Stati	utes.	tne corporat	tion's board of directors. I hereby accept the appo	antment as	registered
42	Signature, typed or printed name of registered as	AND DIRECTORS	13.	Agen	it signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	T	DELETE	1.1 T	ΠF	T	ADDITIONO/OFFETTOES TO OFF TOETTOE	Chang	
	D NOVOTNEY CHARLES I		1.2 N				_ `	_
NAME	NOVOTNEY, CHARLES J				ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP	HOBE SOUND FL 33455	□ DELETE	1.4 CI 2.1 TI	TY-S1	1-212		Chang	e Addition
TITLE		C DELETE				•		_
NAME	İ		2.2 N/					ı
STREET ADDRESS					ADDRES\$			
CITY-ST-ZIP			2.4 C	ITY-S	IT-ZIP			
TITLE		□ nci etc	24 77	7			Chance	e Addition
NAME	1	☐ DELETE	3.1 Tř				Chang	ge Addition
STREET ADDRESS		☐ DELETE	3.2 N/	AME			Chang	je Addition
CITY-ST-ZIP		☐ DELETE	3.2 NJ 3.3 ST	AME TREET	ADDRESS		☐ Chanç	je Addition
TITLE			3.2 NJ 3.3 ST 3.4. C	AME TREET				
		☐ DELETE	3.2 NJ 3.3 ST 3.4. C 4.1 TI	AME TREET STY-S TLE			☐ Chang	
NAME			3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N	AME TREET TLE TLE	T-ZIP			
NAME STREET ADDRESS			3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N	AME TREET TLE TLE				
		☐ DELETE	3.2 NJ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI	AME TREET TLE LAME TREET TY-SI	T-ZIP		Chang	ge Addition
STREET ADDRESS			3.2 NJ 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI	AME TREET TLE TREET TY-ST TLE TREET TY-ST	T-ZIP			ge Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.2 NJ 3.3 ST 3.4. C 4.1 Tf 4. 2 N 4.3 ST 4.4 CI 5.1 Ti 5.2 NJ	AME TREET TLE TREET TREET TY-ST TLE TREET TY-ST TLE AME	T-ZIP  T ADDRESS  T-ZIP		Chang	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NV 3.3 ST 3.4. C 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST	AME IREET ITY-S TLE IAME ITY-SI TLE AME ITY-SI TREET	T-ZIP  T ADDRESS T-ZIP  T ADDRESS		☐ Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.2 NV 3.3 ST 3.4. C 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 S' 5.4 CI 6.1 TT	TREET TITY-S TILE TAME TITY-SI TILE TREET TITY-SI TILE TITY-SI TILE	T-ZIP  T ADDRESS T-ZIP  T ADDRESS		Chang	ge Addition
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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: