

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 # P98000088985

1. Corporation Name

JIMMIE GAMBLE RELIABLE GAS SERVICE, INC.

Principal Place of Business

5194 BLUEBERRY HILL AVENUE
LAKE WORTH FL 33463

Mailing Address

5194 BLUEBERRY HILL AVENUE
LAKE WORTH FL 33463

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FRANKLIN, ELLIOTT
5315 LAKE WORTH ROAD
LAKE WORTH FL 33463

81 Name

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

83

84 City

FL 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when changing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME GAMBLE, JIMMIE

STREET ADDRESS 5194 BLUEBERRY HILL AVENUE

CITY-STATE-ZIP LAKE WORTH FL 33463

TITLE D [] DELETE

NAME GAMBLE, LINDA

STREET ADDRESS 5194 BLUEBERRY HILL AVENUE

CITY-STATE-ZIP LAKE WORTH FL 33463

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE [] Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 the Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with the same name as the person empowered.

SIGNATURE:

Jimmie R. Gamble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
FILED

99 MAR 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. F.E.I. Number

25-0870811

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

10. Name and Address of New Registered Agent

9000002823093--4
-03/30/99-01029-020
****150.00 ****150.00

3-24-99

3-17-99

561-433-1439

0344325

CR2E034 (11/98)