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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03737

Corporation Name

FROST ENERGY COMPANY

| Principal Place | of Business |
|-----------------|-------------|

Mailing Address

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90023 044 ***150.00



721 BINNACLE POINT DR. 721 BINNACLE POINT DR. LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/03/1990 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0221252 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 - \$5.00 May Be -6._Election.Campaign.Financing_ City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip MNo Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FROST, WELDON G Street Address (P.O. Box Number is Not Acceptable) 82 721 BINNACLE POINT DR. LONGBOAT KEY FL 34228 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE 1.2 NAME FROST, BRENDA T NAME 721 BINNACLE POINT DR. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP LONGBOAT KEY FL ☐ Addition CITY-ST-ZIP ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME FROST, BRENDA T NAME 2.3 STREET ADDRESS 721 BINNACLE POINT DR. STREET ADDRES 2.4 CITY-ST-ZIP LONGBOAT KEY FL Addition Change CITY-ST-ZIF DELETE 3.1 TITLE PDT TITLE 32 NAME FROST, WELDON G NAME 721 BINNACLE PT. DR. 3.3 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 3.4. CITY-ST-ZIP Change: CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Change ☐ Addition CITY-ST-ZIF ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Addition ☐ Change CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 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 indicated on this annual report 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 applicase, with all other like empowered.

SIGNATURE

2

uary 1999 (941)383-8

CR2E034 (11/98)