Apr 07, 1999 8:00 am 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 # **S66003**

1. Corporation Name

TAMPA GAS, INC.

	,								
Principal Place	e of Business	Mailing Address				1 18611818 118 61118 81111 88111 88118 1111 81111		#1#11 #14	III Bibii ibbi
4601 W KENNEDY BLVD		4601 W KENNEDY BLVD							
STE 202		STE 202				DO NOT WRITE IN THIS SPACE			
TAMPA FL 33609 US		TAMPA FL 33609 US				3. Date Incorporated or Qualifed			
08	•	03				07/15/1991			
2 Principal Di	lace of Business	2a. Mailing Address				4. FEI Number		Appl	lied For
─ , `	lace of business	26				65-0283803	-	+ ''	Applicable
21 Suite Ant	# etc	Suite, Apt. #, etc.					\$8.		iditional
Suite, Apt. #, etc.		27				≤5.=Certificate of Status Desired ——□	F	ee Req	uired
City & State		City & State				6. Election Campaign Financing	<u>\$</u> 5	.00 N	May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Co	untry	,	8. This corporation owes the current year Int			_
24	25	29	30	_		Personal Property Tax.	☐ Ye	s L	□No
	9. Name and Address of Currer	nt Registered Agent		4		10. Name and Address of New Registered	Agent		
				81	Name				1
LAWRENCE A ROEDL			82		Street Ad	dress (P.O. Box Number is Not Acceptable)			
	I W KENNEDY BLVD			_					
	202			83	Ì				1
IAM	PA FL 33609			84	City		85	Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes						FL	-		
Office of the	edistered agent of both in the State	ot Florida. Such change was i	aumonze	OUV	the corpora	ation's board of directors. I hereby accept the appoint	nanem	as regi	stered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida, Sucri change was a ations of, Section 607.0505, Floring and title if applicable. (NOT	orida Sta	tutes	the corpora s.	uired when reinstating) DATE			
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR