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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

03-11-1999 90060 009 \*\*\*150.00

7. Corporation	MENT # V0819 P GAS CORPORATION	8			
Principal Place	e of Business	Mailing Address			jil Qilgik Qibil Qiqil Qibil bibil 1881
Principal Place of Business 761 HWY 277 CHIPLEY FL 32428 US		761 HWY 277 CHIPLEY FL 32428 US		DO NOT WRITE IN TH	HIS SPACE
00		00		3. Date Incorporated or Qualifed	
				01/22/1992	
L	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3102421	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	-	6 Starting Compaign Financian	
23	e	28 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Register	ed Agent
	DV EDEEMAN !		81 Name		
COOK, FREEMAN J.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
761 HWY 277 CHIPLEY FL 32428					
	FLE1 FL 32420		83		İ
			84 City		85 Zip Code
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flore	da Statutes. tegistered Agent signature requi		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOK, FREEMAN J.		1.2 NAME		,
STREET ADDRESS	761 HWY 277		13 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE	•	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS  2.4 CITY-ST-ZIP		
CITY-ST-ZIP			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	management of the control of the con	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>	-
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	-		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	(				Character Character

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FREEMAN J COOK, PRESIDENT ED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

850-638-2200

Daytime Phone #