

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V60997

(6)

1. Corporation Name

HORIZON GAS OF HUDSON, INC.

Principal Place of Business

10111 STATE RD. 52
HUDSON FL 34669

Mailing Address

9304 N. ELMER ST.
TAMPA FL 33612
US



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

RAY, MELVIN
9304 N ELMER ST
TAMPA FL 33612

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Principal Place of Business Registered Agent (If Applicable)

Signature of Registered Agent (If Applicable)

DATE

12	OFFICERS AND DIRECTORS	
TITLE	P	☐ DELETE
NAME	RAY, MELVIN	
STREET ADDRESS	1708 E. BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPT	☐ DELETE
NAME	MCGLOTHLIN, MIKE	
STREET ADDRESS	1708 E. BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	GRAHAM, MICHAEL	
STREET ADDRESS	1708 E. BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P, C, D	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	V, T, D	☒ Change ☐ Addition
6. NAME	MCGLOTHLIN, MIKE	
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	S, D	☒ Change ☐ Addition
10. NAME	GRAHAM, MICHAEL	
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Melvin Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/96

8713/935-20183

CR2E034 (12/95)