

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215521974
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1.) CORPORATION NAME: BLOSSMAN GAS, INC.	DUE DATE: 5/31/2015						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1178286						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>200</td> </tr> <tr> <td>PREFER</td> <td>500</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	200	PREFER	500
CLASS	AUTHORIZED						
COMMON	200						
PREFER	500						
4.) STATE OR COUNTRY OF INCORPORATION: MS							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 809 WASHINGTON AVE
PO BOX 1110

CITY/ST/ZIP: OCEAN SPRINGS, MS 39566-1110

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STUART E WEIDIE TITLE: PRESIDENT ADDRESS: 809 WASHINGTON AVE PO BOX 1110 OCEAN SPRINGS, MS 39566-1110 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: A. L. ALLEN, JR. TITLE: VICE PRESIDENT ADDRESS: 809 WASHINGTON AVE. OCEAN SPRINGS, MS 39564 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: RANDY DOYLE TITLE: TREASURER ADDRESS: 809 WASHINGTON AVE PO BOX 1110 OCEAN SPRINGS, MS 39564 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JESSIE W JOHNSON TITLE: DIR ADDRESS: 809 WASHINGTON AVE POB 1110 OCEAN SPRINGS, MS 39566-1110 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DAVID M REYNOLDS TITLE: O & D ADDRESS: 809 WASHINGTON AVE POB 1110 OCEAN SPRINGS, MS 37564 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DAVID M REYNOLDS	DAVID M REYNOLDS, O & D	6/3/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.