

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 345187

1. Entity Name
CHIPOLA PROPANE GAS COMPANY INC



Principal Place of Business
**4055 OLD COTTONDALE RD
MARIANNA, FL 32446-0562**

Mailing Address
**4055 OLD COTTONDALE RD
PO BOX 562
MARIANNA, FL 32447-0562**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1237923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CROOMS HARDY, VERA MAE
4055 OLD COTTONDALE RD
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **SD**
NAME **CAPLINGER, BELINDA S.**
STREET ADDRESS **4073 OLD COTTONDALE RD**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **VD**
NAME **HARDY, DONALD A**
STREET ADDRESS **3416 NORTH OAKS DR**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **PD**
NAME **CROOMS, VERA MAE**
STREET ADDRESS **4055 OLD COTTONDALE RD**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **TD**
NAME **HARDY, SIDNEY**
STREET ADDRESS **4055 OLD COTTONDALE RD**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000399751
02/01/06-80025-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-06 850-526-2651