2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 345187

1. Entity Name
CHIPOLA PROPANE GAS COMPANY INC

Principal Place of Business	Mailing Address
4055 OLD COTTONDALE RD MARIANNA, FL 32446-0562	4055 OLD COTTONDALE RD PO BOX 562 MARIANNA, FL 32447-0562

DO NOT WRITE IN THIS SPACE

01232007 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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	

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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: Donald A. Hardy ✓ 1-29-07 (850) 526-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #