FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **759690** **(1)**

1. Corporation Name

FLORIDA PROPANE-PAC, INC.

Principal Place of Business	Mailing Address
214 S. MONROE STREET TALLAHASSEE FL 32301 US	P.O. BOX 11026 PO BOX 11026 TALLAHASSEE FL 32030 US

3. Date Incorporated or Qualified: 08/19/1981	3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2118240	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAGGETT, FRED W
101 E COLLEGE AVE
TALLAHASSEE FL FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Earl McPhillips 4-18-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	CD	☐ Change ☐ Addition
NAME	MELENDY, JERRY S		1.2 NAME	Jerry Melendy	
STREET ADDRESS	231 W. MAIN STREET		1.3 STREET ADDRESS	231 W Main Street	
CITY-ST-ZIP	WAUCHULA FL		1.4 CITY-ST-ZIP	Wauchula, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	SAWYER, CHARLES		2.2 NAME	Charles Sawyer	
STREET ADDRESS	7162 PHILLIPS HIGHWAY		2.3 STREET ADDRESS	7162 Phillips Hwy	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	T	☐ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	ROGERS, G. DAVID		3.2 NAME	G. David Rogers	
STREET ADDRESS	214 S. MONROE STREET		3.3 STREET ADDRESS	214 S Monroe St	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	PD	☐ DELETE	4.1 TITLE	PD	☐ Change ☐ Addition
NAME	MCPHILLIPS, EARL		4.2 NAME	Earl McPhillips	
STREET ADDRESS	5307 E HANNA AVE		4.3 STREET ADDRESS	5307 E Hanna Ave	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BAKER, HENRY		5.2 NAME	Henry Baker	
STREET ADDRESS	2960 STRICKLAND ST.		5.3 STREET ADDRESS	2960 Strickland St	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonvill, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, DAN		6.2 NAME		
STREET ADDRESS	GLADES GAS/ 309 E. SUGARLAND HWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl McPhillips 4-18-96 813-626-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #