


FILE NOW: FILING FEE IS \$61.25

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**Feb 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759690 (1)
1. Corporation Name
FLORIDA PROPANE-PAC, INC.



Principal Place of Business 214 S. MONROE STREET TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 11026 PO BOX 11026 TALLAHASSEE FL 32030 US
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3. Date Incorporated or Qualified 08/19/1981	
4. FEI Number 59-2118240	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELENDY, JERRY S	1.2 NAME	J. Kenneth Baker
STREET ADDRESS	231 W. MAIN STREET	1.3 STREET ADDRESS	2960 Strickland Street
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	Jacksonville, FL. 32254
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWYER, CHARLES	2.2 NAME	Douglass E. Blau
STREET ADDRESS	7162 PHILLIPS HIGHWAY	2.3 STREET ADDRESS	5201 Northwest 9th Ave.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33309
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	V-C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, G. DAVID	3.2 NAME	Katrina Ennis
STREET ADDRESS	214 S. MONROE STREET	3.3 STREET ADDRESS	437 North Krume Ave.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Homestead, FL. 33030
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCPHILLIPS, EARL	4.2 NAME	Robert J. Hill
STREET ADDRESS	6307 E HANNA AVE	4.3 STREET ADDRESS	702 North Franklin Street
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL. 33602
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, HENRY	5.2 NAME	David McPhillips
STREET ADDRESS	2980 STRICKLAND ST.	5.3 STREET ADDRESS	5307 East Hanna Ave.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Tampa, FL. 33617
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, DAN	6.2 NAME	David Satur
STREET ADDRESS	GLADES GAS/ 309 E. SUGARLAND HWY	6.3 STREET ADDRESS	3232 Southeast Dixie Highway
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	Stuart, FL. 34997

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **2-8-98** **858-681-0491**

CR2E037 (1097)