**FILED** 

02-23-1999 90009 011 \*\*\*\*61.25

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 759690

	FLORIDA	PROPANE	E-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												
2. 21	Principal Pl	ace of Busines	3S	2a.	2a. Mailing Address						corporated o	r Qualifed					
22	Suite, Apt.	Apt. #, etc.			Suite, Apt. #, etc.				4		FEI Number 59-2118240				Applied For Not Applicable		
23	City & State	tate			City & State			5	. Certifo	ate of Status	Status Desired			\$8.75 Additional Fee Required			
24	Zip	2:	Country	28	Zip	Cot	intry		6		n Campaign I und Contribu				. <b>00</b> м ded to		
27			nd Address of Curren	11	tered Agent		1		10	). Name	and Address	s of New F	Registered A	gent			
BAGGETT, FRED W 101 E COLLEGE AVE TALLAHASSEE FL FL							81 82 83	Name Street /	Address	ess (P.O. Box Number is Not Acceptable)							
						4 Al	84	•		an aubesi	to this statem	ent for the	FL.		Zip Co	İ	
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.														stered			
S	GNATURE																
Signature, typed or printed name of registered agent and title if applicable. (NC							i Agen	t signature re	equired when	ired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AT				ID DIDECTORS IN 12			
12	2.		OFFICERS AN	ID DIRE		13.				ADDITIO	JNS/CHANG	ES 10 OF	FICERS AN			☐ Addition	
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NA	ME	BAKER, J K					AME		Ral	rer j	2.K	1-	<u>.</u>			İ	
STI	STREET ADDRESS 2960 STRICKLAND ST								960 Strickland St.								
СП	Y-ST-ZIP	JACKSONV	ILLE FL 32254			1.4 C	ITY-SI	-ZIP	<u>تە</u> ك	exsoc	<u>wille</u>	<del>, M</del>	<u> 3225 </u>			No. A delition	
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NA	ME	BLAU, DOU				2.2 N	AME		6.7	Davi	9 Bod	jer>	- Shrai	4			
STREET ADDRESS 5201 NORTHWEST 9TH AVE				2.3 ST			ADDRESS	21	4. 50	wh "	POULO	2 3714	<b>-</b> •		Ì		
CITY-ST-ZIP FT LAUDERDALE FL 33309								T-ZIP	70	Tallahassee , H. 3230			<u>01</u>				
ТΠ	ue	VC			☐ DELETE	3.1 T	ITLE		NC					LLCni	ange	Addition	
NAME ENNIS, KATRINA						3.2 NA			Ē٨	i Ein	Katri	عد	_				
ST	REET ADDRESS		NORTH KROME AVE					3.3 STREET ADDRESS			orth k	COME	AVC.				
Сп	Y-ST-ZJP	HOMESTEA	D FL 33030					T-ZIP	140	Honestead FL. 33030				101			
TIT	LE	D			☐ DELETE	4.1 T	ΠLE							Ch:	ange	☐ Addition	
NAME HILL, ROBERT J					4. 2 N												

6.4 CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

702 NORTH FRANKLIN ST

3232 SOUTHEAST DIXIE HIGHWAY

**TAMPA FL 33602** 

MCPHILLIPS, DAVID

5307 E HANNA AVE

**TAMPA FL 33617** 

SATUR, DAVID

850-681-0496

Change

Change

Addition

☐ Addition