

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90009 011 \*\*\*\*61.25

**DOCUMENT # 759690**

1. Entity 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

94003330



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2118240

Applied For  
Not Applicable

Zip

Country

Zip

32302

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, G. DAVID  
214 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete  
NAME BAKER, J K  
STREET ADDRESS 2960 STRICKLAND ST  
CITY-ST-ZIP JACKSONVILLE, FL 32234

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME ROGERS, G D  
STREET ADDRESS 214 S. MONROE ST.  
CITY-ST-ZIP TALLASSEE, FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCD ☐ Delete  
NAME ENNIS, KATRINA  
STREET ADDRESS 437 NORTH KROME AVE  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HILL, ROBERT J  
STREET ADDRESS 702 NORTH FRANKLIN ST  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5000 Sawgrass Village Circle, Ste 4  
CITY-ST-ZIP Ponte Vedra Bch, FL 32082

TITLE D ☐ Delete  
NAME MCPHILLIPS, DAVID  
STREET ADDRESS 5307 E HANNA AVE  
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 33610  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Darr, Mark  
STREET ADDRESS 5000 Sawgrass Village Circle, Ste 4  
CITY-ST-ZIP Ponte Vedra Bch, FL 32082

12. 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 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 617, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/04*

Date

*850-671-0498*

Daytime Phone #