2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 759690

Entity Name: FLORIDA PROPANE-PAC, INC.

Current Principal Place of Business:

214 S. MONROE STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11026
PO BOX 11026
TALLAHASSEE, FL 32030 US

New Mailing Address:

P.O. BOX 11026
TALLAHASSEE, FL 32302 US

FEI Number: 59-2118240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, G. DAVID
214 SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BAKER, J K
Address: 2960 STRICKLAND ST
City-St-Zip: JACKSONVILLE, FL 32234

Title: T ( ) Delete
Name: ROGERS, G D
Address: 214 S. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: C ( ) Delete
Name: HILL, ROBERT J
Address: 5000 SAWGRASS VILLAGE CIR., STE. 4
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: MCPHILLIPS, DAVID
Address: 5307 E HANNA AVE
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: MCLELLAND, JOHN
Address: 1015 6TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BAKER, KENNETH
Address: 2960 STRICKLAND ST
City-St-Zip: JACKSONVILLE, FL 32234

Title: T (X) Change ( ) Addition
Name: ROGERS, G. DAVID
Address: 214 S. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. DAVID ROGERS T 04/28/2009
Electronic Signature of Signing Officer or Director — Date