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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J90029 1. Corporation Name

GILBERT PROPANE, INC.

FILED
Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90064 049 ***150.00



Principal Plac	e of Business	. Mailing Address				14819 (81) B1941 W	OIL BIRLI BIGIL	B1851 B1911 1885
1580 DETRICK		% FRANCES GILBERT						
2735 S. SPRING GARDEN AVE. (P.O. BOX 3310) PO BOX 3310								
DELAND FL 32724		DELAND FL 32723			DO NOT WRITE IN THIS SPACE.			
US	•	US			3. Date Incorporated or Qualifect	.		
					08/20/1987			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			05 2000010			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		• -	Additional
22		27			0. 00		Fee R	equired
City & Stat	te	City & State			6. Election Campaign Financing	' -		May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the cur	rrent year Int		л е /
24	25	29 30	<u> </u>		Personal Property Tax.	<u> </u>	Yes	Æ No
	9. Name and Address of Current		- 04		10. Name and Address of New	Registered .	Agent	
Cire	BERT, FRANCES	•	81	Name				
	5 S. SPRING GARDEN AVE.		82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
			ļ.,					A
DED	AND FL 32720.		83			4 (*)		
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named corpo	oration submits this statement for the	e purpose of	changing its	s registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby acce	ept the appoi	ntment as r	egistered
1:42		10113 01, 36011011 007.8303, 110114	a Otatoto	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	nistered Ace	ot eignature required	d when reinstating)	DATE		
12.	OFFICERS ANI		13.	it signature required	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECT	ORS IN 12
12 .				i agricia e e e e e e e e e e e e e e e e e e e		FFICERS AN	D DIRECTO	ORS IN 12
	OFFICERS AND	D DIRECTORS	13.	in algunature require	ADDITIONS/CHANGES TO O	FFICERS AN		
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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: