FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042066 (9)**

1. Corporation Name
COMMERCIAL PROPANE, INC.

Principal Place of Business	Mailing Address
2621 KATHERINE STREET FORT MYERS FL 33901	2621 KATHERINE STREET FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/07/1993**
3a. Date of Last Report: **04/11/1994**

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:

4. FEI Number: **65-0417250** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHATTO, KEVIN B
2621 KATHERINE STREET
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MARCEL, HENRY A	12 NAME	HENRY, MARCEL	
STREET ADDRESS	1492 HARWELL AVE	13 STREET ADDRESS	1492 HARWELL AVE	
CITY-ST-ZIP	CROFTON MD	14 CITY-ST-ZIP	CROFTON MD 21114	
TITLE	D	21 TITLE	D/V	☒ Change ☐ Addition
NAME	CALLOW, SHERRY	22 NAME	CALLOW, SHERRY	
STREET ADDRESS	2621 KATHERINE STREET	23 STREET ADDRESS	2619 KATHERINE STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	24 CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	31 TITLE	D/S	☒ Change ☐ Addition
NAME	THOMANN, JILL	32 NAME	THOMANN JILL	
STREET ADDRESS	2621 KATHERINE STREET	33 STREET ADDRESS	2619 CATHERINE STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	34 CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ENDERBY, SAM	42 NAME		
STREET ADDRESS	2621 KATHERINE STREET	43 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901	44 CITY-ST-ZIP		
TITLE		51 TITLE	T/S	☐ Change ☒ Addition
NAME		52 NAME	SHATTO, KEVIN	
STREET ADDRESS		53 STREET ADDRESS	2619 KATHERINE STREET	
CITY-ST-ZIP		54 CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	HENRY, MARCIA	
STREET ADDRESS		63 STREET ADDRESS	1492 HARWELL AVE.	
CITY-ST-ZIP		64 CITY-ST-ZIP	CROFTON MD 33901	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 an address.

SIGNATURE: Kevin Shatto Kevin Shatto 4/7/95 813-332-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0819078 CP