FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000042066 (9)**

1. Corporation Name
COMMERCIAL PROPANE, INC.

Principal Place of Business	Mailing Address
~~2621~~ 2619 KATHERINE STREET FORT MYERS FL 33901	~~2621~~ 2619 KATHERINE STREET FORT MYERS FL 33901

2. Principal Place of Business	2a. Mailing Address
21	26 2619 Katherine St.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Ft. Myers, FL
24 Zip / 25 Country	29 Zip: 33901 / 30 Country: Lee

3. Date Incorporated or Qualified	3a. Date of Last Report
06/07/1993	04/17/1995

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	10. Name and Address of New Registered Agent
SHATTO, KEVIN B 2621 KATHERINE STREET FORT MYERS FL 33901	81 Name: Jill Thomann 82 Street Address (P.O. Box Number is Not Acceptable): 2619 Katherine St 83 Ft myers 84 City: FL 85 Zip Code: 33901

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: Jill Thomann — 5/27/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCEL, HENRY A 1492 HARWELL AVE CROFTON MD ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALLOW, SHERRY 2621 KATHERINE STREET FORT MYERS FL 33901 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/V P Sherry Cannons 2619 Katherine St Ft myers FL 33901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMANN, JILL 2621 KATHERINE STREET FORT MYERS FL 33901 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D/P Thomann, Jill 2619 Katherine St Ft myers FL 33901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENDERBY, SAM 2621 KATHERINE STREET FORT MYERS FL 33901 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition Enderby, Sam D 2619 Katherine St Fort Myers FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(k), 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: X Sherry L Cannons V P — 5/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Sherry Cannons V P — 941-332-5105
Daytime Phone #

CR2E034 (12/95)