


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **164087** (9)
1. Corporation Name
THE TAMPA BOTTLED GAS COMPANY

Principal Place of Business P.O. BOX 2562 TAMPA FL 33601-9562	Mailing Address P.O. BOX 2562 TAMPA FL 33601-2562
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1951	3a. Date of Last Report 04/09/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0549028	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SIMPSON, NATHAN B 111 EAST MADISON STREET 23RD FLOOR TAMPA FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ATAS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, NATHAN B		1.2 NAME		
STREET ADDRESS	111 MADISON STREET		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 00000		1.4 CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRABSON, JOHN A JR		2.2 NAME		
STREET ADDRESS	111 MADISON STREET		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 00000		2.4 CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANKIN, TOM L		3.2 NAME		
STREET ADDRESS	111 MADISON STREET		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHINDLER, DAVID R.		4.2 NAME		
STREET ADDRESS	111 MADISON STREET		4.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		4.4 CITY - ST - ZIP		
TITLE	C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAILEY, B. T.		5.2 NAME		
STREET ADDRESS	111 MADISON STREET		5.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYKES, J.T. I		6.2 NAME		
STREET ADDRESS	300 PYDRAS		6.3 STREET ADDRESS		
CITY - ST - ZIP	NEW ORLEANS LA		6.4 CITY - ST - ZIP		

14. I do 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 an address.

SIGNATURE:  **John A. Brabson, Jr.** 4/1/97 (813) 273-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)