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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 179492

1. Corporation Name

DETWEIL	Ler's propane gas ser\	/ICE, INC.							
Principal Place	of Rusiness	Mailing Address					 	B34 B1811 B1811 B1	
•		6651 - 15TH ST. E.					•		
6651 - 15TH ST. E. 6651 - 15TH ST. E. SARASOTA FL 34243 SARASOTA FL 34243									
							RITE IN THIS	SPACE	
				_		corporated or Qualife	d		
					07/03/				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Nun	,		<u> </u>	olied For
21		26	. ——		59-072	24692		\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcat	e of Status Desired		Fee Rec	
22		City & State			O Florian	Coion Financino		\$5.00	
City & State	e	├				Campaign Financing nd Contribution	' _□	Added to	• 1
Zip	Country	Zip	Country			poration owes the cu	rrent vear Inta		, , , , , ,
	25	<u></u>	30			Property Tax.	non your ma		□No
24	9. Name and Address of Curren		7			nd Address of New	Registered	Agent	
			81	Name	- معالا مند بلات	Kenneth R	d to		
	WEILER KENNETH RAY		82	Street	Address (P.O. Box I	Number is Not Accen	table)		
	? 14 AVE, E DENTON FL 34208			Sileet	4001855 (F.O. BOX1	Number is Not Accep			
DNA	DENTON FL 34200		83		Bradeuton	Florida	34701		· · · · · · · · · · · · · · · · · · ·
			84	City			FL	85 Zip C	`
office or r agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was au	tnorized by i	tne corbo	corporation submits pration's board of di	this statement for the rectors. I hereby acc	spt the appoin	changing its intrnent as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent	t signature n	equired when reinstating)		DATE		
12.		D DIRECTORS	13.		ADDITIO	NS/CHANGES TO O	FFICERS AN	D DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	DETWEILER, A. CLAYTON		1.2 NAME						
STREET ADDRESS	4348 LOST FOREST LANE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST	-ZIP			·		
TITLE	VP	☐ DELETE	2.1 TITLE		Vice Pirsid	yut.		(⊋ Cha nge	☐ Addition
NAME	DETWEILER, KENNETH R.		2.2 NAME	'	PATRICIAL	Krnneth R	•		
STREET ADDRESS			2.3 STREET	2.3 STREET ADDRESS		Bridget Spyglass Lang			
CITY-ST-ZIP	BRADENTON FL		2, 4 CITY-S	T-ZIP	Bradent	5,600€1 34	201-		
TITLE	ST	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	DETVICIENT, DATTICE 1.		3.2 NAME						
STREET ADDRESS	4510 HIDDEN FOREST DRIVE		3.3 STREET	ADDRESS					İ
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-S	T-ZIP		<u> </u>			
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						-
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP					TA LEC
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP	İ								
			5.4 CITY-ST	T-ZIP		·	·	T Chance	F Addition
TITLE		☐ DELETE	6.1 TITLE	T-ZIP		<u> </u>	<u> </u>	☐ Change	Addition
		☐ DELETE						☐ Change	Addition

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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SI	IG	N	A٦	ΓL	JR	E

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-755-2651