


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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90076 049 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 237932</b> 1. Corporation Name <b>LEON PROPANE INC</b>					
Principal Place of Business 4750 WOODVILLE HIGHWAY TALLAHASSEE FL 32314 <b>32310</b>			Mailing Address <del>P.O. BOX 5556</del> <b>4750 Woodville Hwy</b> TALLAHASSEE FL <del>32314</del> <b>32310</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>06/24/1960</b> 4. FEI Number <b>59-0905676</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HEALD, EMORY</b> <b>4750 WOODVILLE HIGHWAY</b> <b>(363 SOUTH)</b> <b>TALLAHASSEE FL-32314 32310</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTOX, K W, JR		1.2 NAME		
STREET ADDRESS	210 GORDON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAGRANGE GA 30240		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, DEANNA		2.2 NAME		
STREET ADDRESS	2076 STOVALL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAGRANGE GA 30241		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTOX, ZACHRY		3.2 NAME		
STREET ADDRESS	2295 MOODY BRIDGE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAGRANGE GA 30240		3.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTOX, BETTY		4.2 NAME		
STREET ADDRESS	639 COUNTRY CLUB RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAGRANGE GA 30240		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-99 770-502-8800

CR2E034 (11/98)