

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

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Apr 01 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 # **311457** (6)

1. Corporation Name
D & D BOTTLE GAS, INC.

Principal Place of Business 7709 ALTON AVENUE JACKSONVILLE FL 32211	Mailing Address 7709 ALTON AVENUE JACKSONVILLE FL 32211-7801
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1966	3a. Date of Last Report 01/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent CURRAN, DAVID J. 7709 ALTON AVENUE JACKSONVILLE FL 32211		10. Name and Address of New Registered Agent	
		81. Name Curran, Jill Colleen	
		82. Street Address (P.O. Box Number is Not Acceptable) 7709 Alton Avenue	
		83.	
		84. City Jacksonville	85. Zip Code FL 32211

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 Colleen Curran DATE 3/24/97
(Note: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CURRAN, DAVID J. (Deceased)	1.2 NAME	
STREET ADDRESS	7709 ALTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST CURRAN, ELAINE M.	2.2 NAME	ENRRAN, ELAINE M.
STREET ADDRESS	7709 ALTON AVENUE	2.3 STREET ADDRESS	7709 ALTON AVENUE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	P, D CURRAN, III, DAVID J.
STREET ADDRESS		3.3 STREET ADDRESS	7709 Alton Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	V, D PENDER, GAIL CHRISTINE CURRAN
STREET ADDRESS		4.3 STREET ADDRESS	7709 Alton Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S/T, D CURRAN, JILL COLLEEN
STREET ADDRESS		5.3 STREET ADDRESS	7709 Alton Avenue, Jacksonville, FL 32211
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	200002130092
STREET ADDRESS		6.3 STREET ADDRESS	-04/01/97--01066--006
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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: David John Curran III DATE February 28th 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID JOHN CURRAN III** (904) 4-1725-9104

CR2E034 (9/96)