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FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 345129

(1)

1. Corporation Name

LINDA JO'S BOTTLE GAS COMPANY

Principal Place of Business

3711 TROUT RIVER BLVD.
JACKSONVILLE FL 32208

Mailing Address

3711 TROUT RIVER BLVD.
JACKSONVILLE FL 32208-1271



3. Date Incorporated or Qualified

04/24/1969

3a. Date of Last Report

02/20/1996

4. FEI Number

59-1230449

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

DINGMAN, RAYMOND SR
5923 SOUTEL DRIVE
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

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

Raymond D. Dingman

(NOTE: Registered Agent signature required when reinstating)

1-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DINGMAN, RAYMOND, SR.
STREET ADDRESS 5923 SOUTEL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE V ☐ DELETE

NAME DINGMAN, RAYMOND, JR.
STREET ADDRESS 5923 SOUTEL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ST ☐ DELETE

NAME DEXTER, RAE H
STREET ADDRESS 5923 SOUTEL DR.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE T ☐ DELETE

NAME DINGMAN, MELISSA
STREET ADDRESS 5923 SOUTEL DR.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

43 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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:

Raymond D. Dingman
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

Date

765-4283

Daytime Phone #

CR2E034 (9/96)