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Feb 01, 1999 8:00am  
Secretary of State

02-01-1999 90016 043 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 345129

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1969

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DINGMAN, RAYMOND SR  
5923 SOUDEL 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

Signature of principal or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
DINGMAN, MELISSA  
STREET ADDRESS  
5923 SOUDEL 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

765-4283

Daytime Phone #

CR2E034 (11/98)