FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 PM 10:06

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

DOCUMENT # 355326 (0)

1. Corporate Name

MOBILE AMERICA VILLAGE, INC.

Principal Place of Business	Mailing Address
2118 GULF LIFE TOWER P O BOX 10729 JACKSONVILLE FL 32247-7729	PO BOX 10729 JACKSONVILLE FL 32247-0729 US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification	3a. Date of Last Report
11/14/1969	01/27/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1291827 — Applied For / Not Applicable
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. The corporation has/is liable for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCORKLE, ALLAN J. 10475-110 FORTUNE PKWY JACKSONVILLE FL 32256	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 Section 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	
Title	T	Title	S/T ☒ Change ☐ Addition
Name	MARTIN, KEITH E	Name	Purcell, Carlene E.
Street Address	10475-110 FORTUNE PKWY	Street Address	10475-110 Fortune Parkway
City-St-Zip	JACKSONVILLE, FL 0	City-St-Zip	Jacksonville, FL 32256
Title	D	Title	D ☒ Change ☐ Addition
Name	GLENN, PAUL M	Name	McCorkle, Thomas J.
Street Address	10475-110 FORTUNE PKWY	Street Address	10475-110 Fortune Parkway
City-St-Zip	JACKSONVILLE, FL 0	City-St-Zip	Jacksonville, FL 32256
Title	S	Title	☐ Change ☐ Addition
Name	PURCELL, CARLENE E.	Name	
Street Address	10475-110 FORTUNE PKWY	Street Address	
City-St-Zip	JACKSONVILLE, FL 0	City-St-Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	MCCORKLE, ALLAN J	Name	
Street Address	10475-110 FORTUNE PKWY	Street Address	
City-St-Zip	JACKSONVILLE, FL 0	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: Carlene E. Purcell Carlene E. Purcell 4/25/95 (904) 363-6539

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0024489 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

5 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **355790** **(7)**

1. Corporate Name

BAREFOOT BAY PROPANE GAS COMPANY

Principal Place of Business
4837 SWIFT RD
SARASOTA FL 34231

Mailing Address
4837 SWIFT RD
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1969**

3a. Date of Last Report: **04/19/1994**

2. Changed Principal Address — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **59-1275937** ☐ 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

GORDON, ROBERT B
255 ALHAMBRA CIR
9TH FLOOR
CORAL GABLES FL 33134

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 607.1005 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95		
TYPE	~~PCB~~	TYPE	P/D	☒ Change ☐ Addition
NAME	GORDON, ROBERT B.	NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP		
TYPE	~~VCOO~~	TYPE	V/D	☒ Change ☐ Addition
NAME	BRADTMILLER, PAUL	NAME		
STREET ADDRESS	4837 SWIFT RD	STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP		
TYPE	ASAT	TYPE		☐ Change ☐ Addition
NAME	SCHIFANO, JOSEPH	NAME		
STREET ADDRESS	4837 SWIFT ROAD	STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP		
TYPE	~~TAS~~	TYPE	V/T	☐ Change ☒ Addition
NAME	~~MILLER, SHARI N.~~	NAME	MURPHY, MICHAEL	
STREET ADDRESS	201 ALHAMBRA CIR.	STREET ADDRESS	4837 SWIFT RD., #200	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL 34231	
TYPE	D	TYPE		☐ Change ☐ Addition
NAME	GETMAN, DENNIS J	NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP		
TYPE	~~TAS~~	TYPE	S	☐ Change ☒ Addition
NAME	~~ALONSO, MAYRA~~	NAME	CHUBBUCK, ANITA J.	
STREET ADDRESS	4837 SWFIT ROAD, STE. 100	STREET ADDRESS	4837 SWIFT RD., # 200	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL 34231	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Robert B. Gordon — 4/19/95 (Date) — 305-442-7000 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. GORDON PRESIDENT

0338740 CP