

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90021 001 \*1,270.00

**DOCUMENT # 355790**

1. Corporation Name

**BAREFOOT BAY PROPANE GAS COMPANY**

Principal Place of Business

**4837 SWIFT RD  
SUITE 100  
SARASOTA FL 34231**

Mailing Address

**4837 SWIFT RD  
SUITE 100  
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/20/1969**

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 owes the current year intangible  
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

**ALLEN, GERALD S  
4837 SWIFT RD  
SUITE 100  
SARASOTA FL 34231**

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, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ DELETE  
NAME **ALLEN GERALD S.**  
STREET ADDRESS **4837 SWIFT ROAD #100**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VD** ☐ DELETE  
NAME **ACOSTA, MICHAEL**  
STREET ADDRESS **4837 SWIFT RD**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **ASAT** ☐ DELETE  
NAME **SCHIFANO, JOSEPH**  
STREET ADDRESS **4837 SWIFT ROAD SUITE #100**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VT** ☐ DELETE  
NAME **MURPHY, MICHAEL**  
STREET ADDRESS **4837 SWIFT RD., #100**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ DELETE  
NAME **GETMAN, DENNIS J**  
STREET ADDRESS **255 ALHAMBRA CIRCLE**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **S** ☐ DELETE  
NAME **CHUBBUCK, ANITA J.**  
STREET ADDRESS **4837 SWIFT RD., #100**  
CITY-ST-ZIP **SARASOTA FL 34231**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

**4837 SWIFT RD #100**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

**4837 SWIFT RD #100**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

**MURPHY, MICHAEL E**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

**201 ALHAMBRA CIR  
CORAL GABLES FL 33134**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anita J. Chubbuck*

Anita J. Chubbuck

4/13/99

941-925-3088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)