FILED

Feb 19, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 402137

1. Corporation	LER'S PROPANE GAS SERV	ice of Sarasota,in	C.				
Principal Place of Business Mailing Address						AIDR DIQUI DADU BIQUI	
OF SARASOTA INC 5350 S MCINTOSH ROAD 5370 SARASOTA FL 34233					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 05/31/1972		
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1410348		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip			Country	i	This corporation owes the current year Personal Property Tax.		□No
**1	9. Name and Address of Current		30		10. Name and Address of New Registe		
			81	Name		.uu riguii	
DETWEILER, DANIEL P. 4510 HIDDEN FOREST DR.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34235			83				
			84	City	1	FL 85 Zip C	Code
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut ons of, Section 607.0505, Florid	thorized by da Statutes	the corporat s.	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its ppointment as req	registered gistered
40	Signature, typed or printed name of registered agent a		_	nt signature requir	ed when reinstating) DATE		
12.	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO Change	R\$ IN 12
I NAME	DETWEILER, CLAYTON	□ محرد اد	1.2 NAME			☐ Criange	
STREET ADDRESS	4348 LOST FOREST LANE			TADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-S				
TITLE	STD	☐ DELETE		1-24		☐ Change	Addition -
NAME	DETWEILER, DANIEL P	÷	2.2 NAME			- , •	_
STREET ADDRESS	4510 HIDDEN FOREST DRIVE		2.3 STREE	TADDRESS	,		
CITY-ST-ZIP	SARASOTA, FL 00000		2. 4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	DETWEILER, KENNETH R.		3.2 NAME				
STREET ADDRESS	4212-14 AVE E		3.3 STREET	TADDRESS			
CITY-ST-ZIP	BRADEONTON FL		3.4. CITY-S	IT-ZIP		· ————	
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS CITY-ST-ZIP			4.3 STREET		· ·		
TITLE		☐ DELETE	4.4 CITY-S	1-ZIP		☐ Change	Addition
NAME			5.2 NAME			Change	
STREET ADDRESS			5.3 STREET	ADDRESS		-	·
CITY-ST-ZIP			5.4 CITY-ST				ļ
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME		$\rightarrow \leftarrow \rightarrow \leftarrow \rightarrow$	62 NAME			-	
CTOFFT ADODESC	/	1 / I /	CA CTDCCT	ADDOTOG			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3). Florida Statutes. I further certify that the information indicated on this annual report or suppliements 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 corperation with receiver or trustee empowered to execute this report as required by Chapter 607, Viorida Statutes; and that my name appears in Block 12 or Block-No Pichanged or do an attachment with impaddless, with all other like empowered.

CITY-ST-ZIP

TYPED OR PRINTED HAME OF SIGNING OFFICER OR BIRECTOR

Daytime Phone #

CR2E034 (11/98)