

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 467787**

1. Entity Name  
**PARKS PROPANE & APPLIANCE, INC.**



Principal Place of Business  
**370 BLACKBURN RD.  
PIKEVILLE, TN 37367 US**

Mailing Address  
**370 BLACKBURN RD.  
PIKEVILLE, TN 37367 US**



02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1563782**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RITCH, JOHN B  
100 CHURCH STREET  
KISSIMMEE, FL 34741**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000852206  
03/26/08-80020-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CROWELL, J. ROBERT SR.
STREET ADDRESS	370 BLACKBURN RD.
CITY-ST-ZIP	PIKEVILLE, TN 37367
TITLE	ST
NAME	CROWELL, NINA SUE
STREET ADDRESS	370 BLACKBURN RD.
CITY-ST-ZIP	PIKEVILLE, TN 37367
TITLE	D
NAME	CROWELL, JOHN R JR.
STREET ADDRESS	103 BROOKLINE CT.
CITY-ST-ZIP	AVONDALE, PA 19311
TITLE	V
NAME	COOK, WAYNE P
STREET ADDRESS	757 DERBYSHIRE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerings.

**SIGNATURE:**

*J. ROBERT CROWELL, SR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-5-08*

Date

*403-447-6272*

Daytime Phone #