FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:22

DOCUMENT # 718367 (6)

1. Corporation Name
FLORIDA PROPANE GAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
214 S. MONROE ST TALLAHASSEE FL 32301	POST OFFICE BOX 11026 POST OFFICE BOX 11026 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1970
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-0719074 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAGGETT, FRED W.
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: G. DAVID ROGERS
82 Street Address (P.O. Box Number is Not Acceptable): 214 S. Monroe St.
83: P.O. BOX 11026
84 City: Tallahassee FL 85 Zip Code: 32302

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: G. David Rogers 1/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/Director ☒ Change ☐ Addition
NAME	KEN, BARKER	12 NAME	Sandy Kicliter
STREET ADDRESS	2960 STRICKLAND	13 STREET ADDRESS	PO Box 5400 132
CITY-ST-ZIP	JACKSONVILLE FL 32254	14 CITY-ST-ZIP	Jacksonville, FL 32247
TITLE	P	21 TITLE	P-Elect/Director ☒ Change ☐ Addition
NAME	SANDY, KICLITER	22 NAME	Vickie Rogers
STREET ADDRESS	PO BOX 5400 N/A 7/62 Phillips Hwy	23 STREET ADDRESS	5700 New Tampa Hwy 133
CITY-ST-ZIP	JAKCSONVILLE FL	24 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	V	31 TITLE	V/Director ☒ Change ☐ Addition
NAME	ROGERS, VICKIE	32 NAME	Donnie Moore 411 6th Street
STREET ADDRESS	5700 NEW TAMPA HWY	33 STREET ADDRESS	PO Box 250629
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Holly Hill, FL 32125 134
TITLE	ST	41 TITLE	ST/Director ☒ Change ☐ Addition
NAME	DONNIE, MOORE	42 NAME	Barry Jordan 154
STREET ADDRESS	PO BOX 629 N/A 411 6th Street	43 STREET ADDRESS	2950 NW 24th St
CITY-ST-ZIP	HOLLY HILL FL 32117	44 CITY-ST-ZIP	Miami, FL 33142
TITLE	P	51 TITLE	P/Director ☒ Change ☐ Addition
NAME	RICHARD, JOHNSON	52 NAME	Ken Baker 131
STREET ADDRESS	PO BOX 2562 N/A N/A	53 STREET ADDRESS	2960 Strickland
CITY-ST-ZIP	TAMPA FL 33610	54 CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	PHILIP, PRESCOT	62 NAME	Philip Prescot
STREET ADDRESS	400 E. FIRST AVE.	63 STREET ADDRESS	400 E First Ave 130
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: [signature] 4-5-95 904-681-0496
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

Refund 4-7-95

0027041

718347

FLORIDA PROPANE GAS ASSOCIATION

May 15, 1995

TO: Department of State

FROM: Florida Propane Gas Association

Officers/Directors

President/Director	Sandy Kicliter Sawyer Gas PO Box 5400 Jacksonville, FL 32247
President-Elect/Director	Vickie Rogers Pur Gas Service 5700 New Tampa Hwy Lakeland, FL 33801
Vice-President/Director	Donnie Moore, Amerigas 411 6th Street Holly Hill, FL 32125
Secretary/Treasurer/Director	Barry Jordan, Sungas 2950 NW 24th St Miami, FL 32125