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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90069 040 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 718367

1. Corporation Name

FLORIDA PROPANE GAS ASSOCIATION, INC.

Principal Place of Business

214 S. MONROE ST
TALLAHASSEE FL 32301

Mailing Address

POST OFFICE BOX 11026
POST OFFICE BOX 11026
TALLAHASSEE FL 32302
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/17/1970

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

9. Name and Address of Current Registered Agent

ROGERS, G DAVID
214 S MONROE ST
P O BOX 11026
TALLAHASSEE FL 32302

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

PD
NAME JORDAN, BARRY
STREET ADDRESS 2950 N.W. 24TH ST.
CITY-ST-ZIP MIAMI FL 33142

TITLE DELETE

VPD
NAME HILL, ROBERT J
STREET ADDRESS 702 NORTH FRANKLIN STREET
CITY-ST-ZIP TAMPA FL 33602

TITLE DELETE

PD
NAME HACKER, MACK
STREET ADDRESS 4110 UNIVERSITY BLVD CT
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE DELETE

PPD
NAME MOORE, DONNIE
STREET ADDRESS 411 6TH STREET
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE DELETE

STD
NAME DARR, MARK
STREET ADDRESS 7162 PHILLIPS HIGHWAY
CITY-ST-ZIP JACKSONVILLE FL 32247

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

D
1.2 NAME Jordan, Barry
1.3 STREET ADDRESS 2950 N.W. 24th St.
1.4 CITY-ST-ZIP Miami, FL. 33142

2.1 TITLE Change Addition

PED
2.2 NAME Hill, Robert J.
2.3 STREET ADDRESS 702 North Franklin St.
2.4 CITY-ST-ZIP Tampa, FL. 33602

3.1 TITLE Change Addition

PD
3.2 NAME Hacker, Mack
3.3 STREET ADDRESS 4110 University Blvd CT
3.4 CITY-ST-ZIP Jacksonville, FL. 82217

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

VD
5.2 NAME Darr, Mark
5.3 STREET ADDRESS 7162 Phillips Highway
5.4 CITY-ST-ZIP Jacksonville, FL. 32247

6.1 TITLE Change Addition

STD
6.2 NAME Clark, Monica
6.3 STREET ADDRESS 804 North Parrott Avenue
6.4 CITY-ST-ZIP Okeechobee, FL. 34972

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

904-733-9533

Daytime Phone #

CR2E037 (11/98)