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Secretary of State

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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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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 PD ☐ DELETE

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

TITLE VPD ☐ DELETE

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

TITLE PED ☐ DELETE

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

TITLE PPD ☒ DELETE

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

TITLE STD ☐ DELETE

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition
D Jordan, Barry
2950 N.W. 24th St.
Miami, FL. 33142

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition
PED Hill, Robert J.
702 North Franklin St.
Tampa, FL. 33602

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition
PD Hacker, Mack
4110 University Blvd CT
Jacksonville, FL. 32217

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition
VD Darr, Mark
7162 Phillips Highway
Jacksonville, FL. 32247

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition
STD Clark, Monica
804 North Parrott Avenue
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

Date

Daytime Phone #

CR2E037 (11/98)