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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 736479 (7)

1. Corporation Name

THE GREATER HALIFAX PROPANE GAS ASSOCIATION, INC

Principal Place of Business	Mailing Address
411 6TH STREET P.O. BOX 629 HOLLY HILL FL 32117	411 6TH STREET P.O. BOX 629 HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ 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

MOORE, DON
411 6TH STREET
HOLLY HILL FL 32117

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D ST	☒ Change ☐ Addition
NAME	MOORE, DON	1.2 NAME		
STREET ADDRESS	411 6TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☒ Change ☐ Addition
NAME	ANSPAUGH, MACK	2.2 NAME		
STREET ADDRESS	1016 S. FLORIDA AVE.	2.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE	D P	☒ Change ☐ Addition
NAME	CARTER, SUSAN	3.2 NAME		
STREET ADDRESS	411 6TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP		
TITLE	DST	4.1 TITLE		☒ Change ☐ Addition
NAME	ROGERS, KEN	4.2 NAME		
STREET ADDRESS	45 S. DIXIE HWY	4.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D V	☐ Change ☒ Addition
NAME		5.2 NAME	MIKE ANSHULTZ	
STREET ADDRESS		5.3 STREET ADDRESS	618 INT. SPEEDWAY BVLD.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DAYTONA BCH. FL. 32115	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE: Don Moore DON MOORE 2-21-95 904-251-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023411