

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90099 018 \*\*\*\*\*61.25

40076603



04182007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 759690</b> 1. Entity Name <b>FLORIDA PROPANE-PAC, INC.</b>					
Principal Place of Business <b>214 S. MONROE STREET</b> <b>TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>P.O. BOX 11026</b> <b>PO BOX 11026</b> <b>TALLAHASSEE, FL 32030 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2118240</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROGERS, G. DAVID</b> <b>800 1/2 NORTH CALHOUN ST</b> <b>TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>214 South Monroe Street</b>  City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, J K</b> <b>2960 STRICKLAND ST</b> <b>JACKSONVILLE, FL 32234</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROGERS, G D</b> <b>214 S. MONROE ST.</b> <b>TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HILL, ROBERT J</b> <b>5000 SAWGRASS VILLAGE CIR., STE. 4</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCPHILLIPS, DAVID</b> <b>5307 E HANNA AVE</b> <b>TAMPA, FL 33610</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARR, MARK</b> <b>5000 SAWGRASS VILLAGE CIRCLE, STE. 4</b> <b>PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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 empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<div style="display: flex; justify-content: space-between;"> <span><b>4/18/07</b></span> <span><b>850-681-0496</b></span> </div>					