2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT #759690** 04-16-2008 90029 044 ****61.25 1. Entity Name FLORIDA PROPANE-PAC, INC. Mailing Address Principal Place of Business 60024531 P.O. BOX 11026 214 S. MONROE STREET PO BOX 11026 TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32030 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2118240 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, G. DAVID Street Address (P.O. Box Number is Not Acceptable) 214 SOUTH MONROE ST TALLAHASSEE, FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be П Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE ☐ Delete TITLE ☐ Channe ☐ Addition BAKER, J.K. NAME NAME 2960 STRICKLAND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32234 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROGERS, G D NAME NAME STREET ADDRESS 214 S. MONROE ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HILL, ROBERT J NAME NAME STREET ADDRESS 5000 SAWGRASS VILLAGE CIR., STE. 4 STREET ADDRESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition MCPHILLIPS, DAVID NAME NAME STREET ADDRESS 5307 E HANNA AVE STREET ADDRESS **TAMPA, FL 33610** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** DARR, MARK NAME NAME McLelland, John 5000 SAWGRASS VILLAGE CIRCLE, STE. 4 STREET ADDRESS STREET ADDRESS 1015 6th Street NW PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP : CITY-ST-ZIP Winter Haven, FL 33881 П Сћалде Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZOP 12. I hereby certify that the information supplied with this filling 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 of 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 effect like empowered.

FILED

Daytime Phone #