OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

014401 - 40001 - 70

**FILED** Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90001 036 \*\*\*550.00

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

☐ No

Zip Code

THIS SPACE

Yes

85

OCUMENT #

**SOUTHERN PROPANE INC.** 

RUTLEDGE, CARLTON B.

2711 DUNNS AVE. JACKSONVILLE FL 32218

ncipal Place of Business	Mailing Address	
ARLTON B. RUTLEDGE DUNNS AVE. (SONVILLE FL 32218	% Carlton B. Rutledge 2711 Dunns ave. Jacksonville Fl 32218	DO NOT WRITE IN
		3. Date Incorporated or Qualified 11/13/1981
Principal Place of Business 2a. Mailing Address 26		4. FEI Number 59-2177841
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution
Zip Coun	try Zip Cour	ntry  8. This corporation owes the current y Intangible Personal Property.

32

83 84 Name

City

office or	t to the provisions of sections 607,1502, and 607,1506, Fibrida State registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, section 607.0505, I	s authorized by the corporat	tion's board of directors. I h	ereby accept the appointment as	registered
NATURE	Carltonn B Rutledge			7-14-99	
	Stgnature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature rec	·	DATE	
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECT	ORS IN 12
	DP DELETE	1,1 TITLE		Change	Addition
	RUTLEDGE, CARLTON	1.2 NAME			
ET ADDRESS	301 SILVERSMITH LANE	1.3 STREET ADDRESS			
ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP			
	DELETE	2.1 TITLE		Change	Addition
	. –	2.2 NAME			
ET ADDRESS	•	2.3 STREET ADDRESS			
ST-Z!P		2.4 CITY-ST-ZiP	*	ينجين بن الم	
	DELETE	3.1 TITLE		Change	Addition
: 1	<del></del>	3.2 NAME			
ET ADDRESS		3.3 STREET ADDRESS			
ST-ZIP		3 4 CITY-ST-ZIP			
	DELETE	4.1 TITLE		Change	Addition
		4.2 NAME			
T ADDRESS		4.3 STREET ADDRESS			
ST-ZIP		4.4 CITY-ST-ZIP			
	DELETE	5.1 TITLE		Change	Addition
	_	. 5.2 NAME			
T ADDRESS		5.3 STREET ADDRESS			
ST-ŽIP		5.4 CITY-ST-ZIP			
	DELETE	6.1 TITLE		Change	Addition
		6.2 NAME			
T ADDRESS		6.3 STREET ADDRESS			
		<b>.</b>			

6.4 CITY-ST-ZIP 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 trusted empowered to secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or open attachment with a addition.

**GNATURE:** 

7-14-99

CR2E034 (5/99)