FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90197 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F57222

1. Corporation Name

PROPANE U.S.A., INC.

Principal Place of Business % GERALD M LINKER 2401 N STATE RD 7 MARGATE FL 33063		Mailing Address					
		% GERALD M LINKER 2401 N STATE RD 7 MARGATE FL 33063	2401 N STATE RD 7		DO NOT WRITE IN THIS SPACE		
					3. Date it corporated or Qualifed 12/04/1981		
2. Principa	Place of Business	2a. Mailing Address	•		4. FEI Number	<u>``</u>	plied For
21				59-2160830		Applicable	
Suite, A _l >t. #, etc.		Suite, Apt. #, etc.	Surte, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Rei	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 i Added to	,
23		28			Trust Fund Contribution		. 1 663
Zip 24	Courtry	Zip 29	Coun	ıtry	 This cc rporation owes the current year Personal Property Tax. 		[⊒No
	9. Name and Address of Cur		100		10. Name and Address of New Registe	red Agent	
	V. 1141114 4.12 PROSTORS OF OUR			81 Name			
	KER, GERALD M		}	82 Street Acc	dress (P.O. Box Number is Not Acceptable)		
2401 N STATE RD 7 MARGATE FL 33063			ŀ				
MA	NUMIE PL 33003			83			
			ľ	84 City		FI 85 Zip C	de
SIGNATURE	am familiar with, and accept the oble Signature, typed or printed name of registered				red when reinstating) DATI	E	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST	☐ DELETE	1.1 TIT	LE		☐ Change	☐ Addition
NAME	Linker, Gerald M		1.2 NA	ME			
STREET ADDRES	s 2401 N STATE RD 7		1.3 STF	REET ADDRESS			
CITY-ST-ZIP	MARGATE FL		1 4 CIT	Y-ST-ZIP			FT Address
TITLE	D	☐ DELETE	2.1 TIT	LE		Change	Addition
NAME			2.2 NAJ				
STREET ADDRES	-1 -1-11		4	REET ADDRESS			
CITY-ST-ZIP	MARGATE FL	— — — — — — — — — — — — — — — — — — —		ry-st-zip		Change	Addition
TITLE		☐ DELETE	3.1 TITI			□ Change	
NAME			3.2 NA				
STREET ADDRES	S			REET ADDRESS			
CITY-ST-ZIP		DELETE	4.1 TIT			☐ Change	☐ Addition
NAME		<u> </u>	4. 2 NA				
STREET ADDRES	s		4.3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE		Change	Addition
NAME			5.2 NAI	ME			
STREET ADDRE	s		5 3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6 1 TIT	LE		Change	☐ Addition

14. I hereby certify that the informalion 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 of supplemental annual report is true and accurate and therefore 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 seport as recuired by Chapter 607, 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.

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP