

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001720

1. Corporation Name

AMERIGAS PROPANE PARTS & SERVICE, INC.

Principal Place of Business  
460 NORTH GULPH ROAD  
KING OF PRUSSIA PA 19406

Mailing Address  
460 NORTH GULPH ROAD  
KING OF PRUSSIA PA 19406

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90147 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

23-2800538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE  
NAME BOVAIRD, B  
STREET ADDRESS 460 NORTH GULPH ROAD  
CITY-ST-ZIP KING OF PRUSSIA PA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME GREENBERG, LON R  
STREET ADDRESS 460 NORTH GULPH ROAD  
CITY-ST-ZIP KING OF PRUSSIA PA

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME PD  
2.3 STREET ADDRESS GRADY, R. PAUL  
2.4 CITY-ST-ZIP 460 N. GULPH RD.  
KING OF PRUSSIA, PA 19406

TITLE VSAT ☐ DELETE  
NAME KNAUSS, ROBERT H  
STREET ADDRESS 460 NORTH GULPH ROAD  
CITY-ST-ZIP KING OF PRUSSIA PA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AT ☐ DELETE  
NAME MAURIELLO, SAMUEL R  
STREET ADDRESS 460 NORTH GULPH ROAD  
CITY-ST-ZIP KING OF PRUSSIA PA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TAS ☐ DELETE  
NAME CUZZOLINA, MICHAEL J  
STREET ADDRESS 460 NORTH GULPH ROAD  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME TAS  
5.3 STREET ADDRESS KRICK, ROBERT W.  
5.4 CITY-ST-ZIP 460 N. GULPH RD.  
KING OF PRUSSIA, PA 19406

TITLE V ☐ DELETE  
NAME GRADY, R. PAUL  
STREET ADDRESS 460 NORTH GULPH ROAD  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME V  
6.3 STREET ADDRESS LINDSAY, MARTHA B.  
6.4 CITY-ST-ZIP 460 N. GULPH RD.  
KING OF PRUSSIA, PA 19406

14. 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 trustee empowered to execute this report as required 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.

SIGNATURE:

SIGNATURE REQUIRED

SAMUEL R. MAURIELLO 3/24/99 610-337-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)