

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F95000004422 (0)

1. Corporation Name

LEVEL PROPANE GASES, INC.

FILED
Mar 04 1997 8:00am
Secretary of State



Principal Place of Business

19000 HOLLAND ROAD
BROOK PARK OH 44142
US

Mailing Address

19000 HOLLAND ROAD
BROOK PARK OH 44142-1322
US

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 830 Canterbury Road

State Apt. #, etc.

22 City & State

23 Westlake Ohio

Zip

44145

Country

US

2a. Mailing Address

26 830 Canterbury Road

Suite Apt. #, etc.

27 City & State

28 Westlake, Ohio

Zip

44145

Country

US

4. FEI Number

34-1652474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MALOOF, WILLIAM H	
STREET ADDRESS	19000 HOLLAND ROAD	
CITY-ST-ZIP	BROOK PARK OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRANDT, NATASHA E	
STREET ADDRESS	19000 HOLLAND ROAD	
CITY-ST-ZIP	BROOK PARK OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, ERIN M	
STREET ADDRESS	19000 HOLLAND ROAD	
CITY-ST-ZIP	BROOK PARK OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HIMMELMAN, WALTER	
STREET ADDRESS	19000 HOLLAND ROAD	
CITY-ST-ZIP	BROOK PARK OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	830 Canterbury Road
1.4 CITY-ST-ZIP	Westlake, Ohio 44145
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	830 Canterbury Road
2.4 CITY-ST-ZIP	Westlake, Ohio 44145
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	830 Canterbury Road
4.4 CITY-ST-ZIP	Westlake, Ohio 44145
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Natasha E Brandt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97

Date

216-808-9743

Daytime Phone #

CR2E034 (9/96)