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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F96000003410

1. Corporation Name

NATIONAL PROPANE SGP, INC.

Principal Place of Business

**200 1ST AVE #1700
CEDAR RAPIDS IA 52401-2067**

Mailing Address

**200 1ST AVE #1700
CEDAR RAPIDS IA 52401-2067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1996

4. FEI Number

42-1457761

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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 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	VS	1.1 TITLE	
NAME	C DAVID WATSON	1.2 NAME	
STREET ADDRESS	200 FIRST STREET SE, SUITE 1700	1.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA	1.4 CITY-ST-ZIP	
TITLE	DPCO	2.1 TITLE	
NAME	ROMINIECKI, RONALD R	2.2 NAME	
STREET ADDRESS	200 FIRST ST., SE. STE. 1700	2.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	PELTZ, NELSON	3.2 NAME	
STREET ADDRESS	900 3RD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10022	3.4 CITY-ST-ZIP	
TITLE	VCFO	4.1 TITLE	
NAME	SHERMAN, BROOKS R	4.2 NAME	
STREET ADDRESS	200 FIRST ST., SE., STE. 1700	4.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *David Watson* **David Watson, Senior Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

319/365-1550
Daytime Phone #

CR2E034 (11/98)