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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G05192** (1)
1. Corporation Name
U. S. PROPANE, INC.



Principal Place of Business Mailing Address
6641 103RD STREET JACKSONVILLE FL 32210
6641 103RD STREET JACKSONVILLE FL 32210-7133

3. Date Incorporated or Qualified **10/19/1982** 3a. Date of Last Report **02/27/1996**
4. FEI Number **59-2229169** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GRIFFIS, HENRY G. (HANK) JR.
6641 103RD ST
JACKSONVILLE FL 32210
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 type for principal name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIS, IDA L.	1.2 NAME	
STREET ADDRESS	6641 103RD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIS, HENRY G SR	2.2 NAME	
STREET ADDRESS	6641 103RD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIS, HENRY G JR	3.2 NAME	
STREET ADDRESS	6641 103RD ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, WILLIAM T.	4.2 NAME	
STREET ADDRESS	6641 103RD ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, SHARON	5.2 NAME	
STREET ADDRESS	6641 103RD ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, DIANA	6.2 NAME	
STREET ADDRESS	6641 103RD STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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: *William T. Tate* **WILLIAM T. TATE** 3/3/97 904-771-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)