

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 6/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUL -7 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39359 (1)

1. Corporation Name
NELSON PROPANE, INC.

Mailing Address
2439 SPRINGHILL ROAD
P. O. BOX 6812
TALLAHASSEE FL 32314

Principal Place of Business
2439 SPRINGHILL ROAD
P. O. BOX 6812
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1986

3a. Date of Last Report
05/01/1993

4. FEI Number
59-2686979

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

2a. General Place of Business

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

10. Name and Address of New Registered Agent

NELSON, FRANK H.
1505 MILLS STREET
P.O. BOX 6812
TALLAHASSEE FL 32314

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, or of officer or director

(NOTE: Registered Agent's signature required after re-registration)

DATE

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

P/D
NELSON, FRANK H.
4342 SNOOPY LANE
TALLAHASSEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

S/T/D
NELSON, SHARON B.
4342 SNOOPY LANE
TALLAHASSEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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1.3 STREET ADDRESS
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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SIGNATURE:

Frank H. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/94

904-574-0740