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 # J40721

QUALITY PROPANE, INC.

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90010 021 ***150.00



	· š							·	
Principal Pla	ce of Business	• •	::	Mailing	Address				
302 W. 9TH AVENUE 302 W. 9TH AVENUE HAVANA FL 32333 HAVANA FL 32333									
HAVANA FL 3	2333	• 1							
		•			•	,			DO NOT WRITE IN THIS SPACE
•	, , <u>fr</u>	*.			•				Date Incorporated or Qualifed
		1,45	!				•		11/03/1986
_	Place of Busin	ess		2a. Mai	ing Address	٠.			4. FEI Number Applied For
21	1.1			26					59-2727215 Not Applicable
Suite, Apt	# etc.		:	Suit	e, Apt. #, etc.		•	•	5. Certificate of Status Desired \$8.75 Additional
22			İ	27	•		٠		Fee Required
City & Sta	ite !			_ `	& State				6. Election Campaign Financing \$5.00 May Be
23	1			28					Trust Fund Contribution Added to Fees
Zip	·	Country		Zip		_	intry		This corporation owes the current year Intangible
24		25	·	29		30		· ·	Personal Property Tax. ☐ Yes ☐ No
	9. Name	and Address o	of Current F	Registered	Agent				10. Name and Address of New Registered Agent
- DITE	NCAN, MORE	ne n	y	•			81	Name	
	W 9TH AVE		•	1			82	Street Add	dress (P.O. Box Number is Not Acceptable)
									and the second second second and a second second second
ПА	/ANA FL 323	33					83		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
		•	1	•			84	City	
							"	City	FL 85 Zip Códě
11. Pursuant	to the provision	ons of Sections	607.0502 a	nd 607.15	08, Florida Stat	utes, the a	bove	-named corp	rporation submits this statement for the purpose of changing its registered
agent. La	registered age am familiar witi	nt, or both, in t 1. and accept tl	he State of I he obligation	Florida. Suns of. Sect	ch change was on 607.0505. F	authorized Iprida Stati	i by i utes	the corporati	tion's board of directors. I hereby accept the appointment as registered
	Morris)UNE			nen	•	/ D /	I = I
SIGNATURE	Signature, typep o	r printed name of reg			ble. (NO			-	ired when reinstating) DATE
12.		OFFIC	ERS AND I	DIRECTOR	RS	13		u	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P :	- 1			☐ DELETE	1.1 TT	ΠE		☐ Change ☐ Addition
NAME	DUNCAN,	MORRIS O.	-	•		1.2 NA	ME	.	
STREET ADORESS	RT 3 BOX	5355	! : .			1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	HAVANA F	EL .				1.4 CE	Y-ST	-ZIP	•
TITLE	D				DELETE	2.1 TII			☐ Change ☐ Addition
NAME	DUNCAŃ.	Morris O.				2.2 NA	ME		
STREET ADDRESS					•	4		ADDRESS	·
CITY-ST-ZIP	HAVÁNÁ F	· -	nest i			2.4 C			
TITLE	V I.	-			DELETE	3.1 111		- 414	Change Addition
NAME	DUNCAN	MARY JO				3.2 NA			
STREET ADDRESS	l: ii.				-			ADDDESS	
CITY-ST-ZIP	HAVANA F				,			ADDRESS	er en
TITLE	ST				DELETE	3.4. CI		- ZJP	The state of the s
NAME .	DUNCAN,	DENEE ¢							Change ₹ ☐ Addition
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ADT 4444			4. 2 N		ĺ	
STREET ADDRESS	ARLINGTO	BOW DRIVE .	MEI 4111	* * * * * * * * * * * * * * * * * * * *				ADDRESS	
CITY-ST-ZIP	ARLINGFU	11 10			□ pc: ctc	4.4 CIT		ZIP	
	die e	• .			DELETE	5.1 TIT			☐ Change ☐ Addition
NAME		4				5.2 NA		·	
STREET ADDRESS			:	:				ADDRESS	
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					5.4 CIT		ZIP.	
TITLE					☐ DELETE	6.1 सा			☐ Change ☐ Addition
NAME :						6.2 NA			
STREET ADDRESS	i de a¥i, i bilg de a					6.3 STF	REETA	ADDRESS	
omicor no I	er!					=			

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.

850-539-5427