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PROFIT CORPORATION ANNUAL REPORT

1996



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	J92817	(2

(2)

PUTNAM PROPANE, INC.



Prancipa Patre o	f Business	. Multing Address			·	IRIE 380c Blan Blan Anni	B	
203-C HWY		203-C HWY 17 S EAST PALATKA						
					3. Date Incorporated or Qualified 09/17/1987	3a. Date of Last 10/18		
2. Principa Pac	on of Business	2a. Muning Address			4. FE: Number		Applied For	
		26			59-2851637		Not Applicable	
Suite, Apt. #.	€k	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional Required	
		Oity & State	City & State		6. Election Campaign Financing Trast Fund Contribution		\$5.00 May Be Added to Fees	
!! - Ζφ	Couritry	Zp	Coun	try	8. This corporation has tiability for i		s 199.032,	
]	25	29	30		Florida Statutes Yes			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent		
			1	Name				
GUESS, HAROLD W 3635 NORWOOD STREET		1	32 Street Add	ddress (P.O. Box Number is Not Acceptable)				
	KA FL 32177		1	33				
			[1	34 City		FL 85	Žip Code	
12.	u ata upilizaničima nakonom spraz OFFICERS AND	DIRECTORS	(13) E Regulation A		s Let consistering ADDITIONS/CHANGES TO OFF			
(fi)	PD	[] Date ie	1 1 FIF	.F		☐ Change	e	
/Mt	GUESS, HAROLD 3635 NORWOOD STREET		1.2 NAM	Æ				
IRECT ADMIN SS								
				EET ADDRESS				
	PALATKA FL 32177	□ DELETE		y - \$1 - ZiP		Chang	e 🔲 Addition	
N.F		□ Of Lett	1400	Y - ST - ZiP LF		Chang	e 🔲 Addition	
THE SAME	PALATKA FL 32177 VD GUESS, NANCY 3635 NORWOOD STREET	□ of celt	1400 2 111 22 NA	Y - ST - ZiP LF		Chango	e 🔲 Addition	
THE RATE HARD RESS TO STORE SS TO STEEL ST	PALATKA FL 32177 VD GUESS, NANCY		14 C/V 2 11 T 2 2 NAV 2 3 STR 2 4 C/T	Y - ST - ZIP LE MS REET ADDRESS Y - ST - ZIP				
TY ST ZIP	PALATKA FL 32177 VD GUESS, NANCY 3635 NORWOOD STREET	DETENT	14 C/F 2 111 22 NA 23 SIF 24 C/F 3 110	Y - \$1 - Z/P LE MS MEET ADDRESS Y - \$1 - Z/P LE		☐ Chang		
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144. Too nevery certify that the information supplied with risk ting is vournerly turnished and does not qualify for the exemption stated in Section 1.19.07(\$)(k), it folds statistics. I further certify that the information indicated on this aniturit report for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outs, that i arm 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 8 ook 15 if changed, or on an attachment with an address.

SIGNATURE: / Horald Dawn Signing Officer or Director

Dayton Phone #