

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K00104 (5)**

1. Corporation Name  
**BEST PROPANE & EQUIPMENT COMPANY**



Principal Place of Business <b>4346 GALL BLVD. ZEPHYRHILLS FL 33541</b>	Mailing Address <b>4346 GALL BLVD. ZEPHYRHILLS FL 33541-6250</b>
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3. Date Incorporated or Qualified <b>10/30/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>5249 299 DR.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5249 299 DR.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Land O'Lakes, Florida</b>	27 City & State 28 <b>Land O'Lakes, Florida</b>
24 Zip <b>34639</b> 25 Country <b>USA</b>	29 Zip <b>34639</b> 30 Country <b>USA</b>

4. FEI Number <b>65-0019163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIBERT, DOROTHY H.  
23607 OAKSIDE BLVD.  
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>PINKERTON, DONALD E.</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>39708 MEADOWOOD LOOP</b>	CITY-ST-ZIP <b>ZEPHYRHILLS FL 33540</b>	
TITLE <b>VD</b>	NAME <b>MORTON, JAMES E.</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>P.O. BOX 41066 N/A</b>	CITY-ST-ZIP <b>ST. PETERSBURG FL</b>	
TITLE <b>STD</b>	NAME <b>SIBERT, DOROTHY H.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>23607 OAKSIDE BLVD.</b>	CITY-ST-ZIP <b>LUTZ FL</b>	
TITLE <b>VD</b>	NAME <b>JOHNSON, R.G.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>5249 299 DR.</b>	CITY-ST-ZIP <b>LAND O'LAKES FL 34639</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PD Johnson, R.G.</b>
4.3 STREET ADDRESS	<b>5249 299 DR.</b>
4.4 CITY-ST-ZIP	<b>Land O'Lakes, FL 34639</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **R.G. Johnson** 4-15-97 813-996-3642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)