

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

FILED

Apr 21 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 # K00104 (5)

1. Corporation Name  
BEST PROPANE & EQUIPMENT COMPANY

Principal Place of Business  
4346 GALL BLVD.  
ZEPHYRHILLS FL 33541

Mailing Address  
4346 GALL BLVD.  
ZEPHYRHILLS FL 33541-6259



3. Date Incorporated or Qualified 10/30/1987  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 5249 299 DR.  
2a. Mailing Address 26 5249 299 DR.  
4. FEI Number 65-0019163  
Applied For Not Applicable

22 Suite, Apt. #, etc.  
27 Suite, Apt. #, etc.  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Land O'Lakes, Florida  
28 Land O'Lakes, Florida  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 34639 25 USA  
29 34639 30 USA  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PINKERTON, DONALD E. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	39708 MEADOWOOD LOOP	1.2 NAME	
STREET ADDRESS	ZEPHYRHILLS FL 33540	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD MORTON, JAMES E. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 41066 N/A	2.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	STD SIBERT, DOROTHY H. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23607 OAKSIDE BLVD.	3.2 NAME	
STREET ADDRESS	LUTZ FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD JOHNSON, R.G. <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5249 299 DR.	4.2 NAME	PD Johnson, R.G.
STREET ADDRESS	LAND O'LAKES FL 34639	4.3 STREET ADDRESS	5249 299 DR.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Land O'Lakes, FL 34639
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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* R.G. JOHNSON  
4-1597 813-956-3642  
Date Daytime Phone #

CR2E034 (9/96)