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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

SEMINOLE PROPANE GAS, INC.

**FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T 1886/1861 AND 18140 AND 18140 BILLS BOLL BOLL BIBLS BIGH BIGH BIBLS BIBLS BIBLS BIBLS BIBLS BIBLS BIBLS BIBLS
U.S. 90 EAST P. O. BOX 545  MONTICELLO FL 32344 MONTICELLO FL 32345  US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
						08/23/1990
2. Principal P	lace of Business	2a. Mailing A	Address	•		4. FEI Number Applied For
21		26				<b>59-3020705</b> Not Applicab
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State	9	City & St	ate			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Žφ		Countr	у	8. This corporation owes or has paid the current year Intangible
24 25		29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Age	ent	81	Name	
DRAWDY, THOMAS W., JR. 415 <b>S</b> O JEFFERSON ST				82	1	t Address (P.O. Box Number is Not Acceptable)
MC	ONTICELLO FL 32344				1	
				84	City	■■ 85 Zip Code
						<b>FL</b>
l office or r	to the provisions of Sections 607.05/ egistered agent, or both, in the State m familiar with, and accept the oblig	e of Ftorida. Such d	change was au	ithorized b	v the corr	d corporation submits this statement for the purpose of changing its registere progration's board of directors. I hereby accept the appointment as registered
SIGNATURE			MOTE	Danistared As	ant nigoglyro	ure required when reinstating) DATE
12.	Signature, typod or printed name of registered ag OFFICERS AN	ID DIRECTORS	(NOTE	13.	Jera eignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 1(FLE	-	☐ Change ☐ Additi
NAME	DRAWDY, THOMAS W., JR.			1.2 NAME		
STREET ADDRESS	415 SO JEFFERSON			1.3 STAFE	t address	
CITY-ST-ZIP	MONTICELLO FL		T or over	1.4 CITY-	ST-ZIP	Change Additi
TITLE	DOMINO THOMAS W	L	DELETE	2.1 TITLE		
NAME	DRAWDY, THOMAS W 415 SO JEFFERSON ST			2.2 NAME	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP	MONTICELLO FL			2 4 CITY		
TITLE	111011110222012		DELETE	3.1 TITLE	- O1 _ E11	Change Additi
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREE	T ADDRESS	
CITY-ST-ZIP				3.4. CITY	ST-ZIP	
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CITY-ST-ZIP			DELETE	4.4 CITY - 5.1 TITLE	21-715	Change Additi
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CITY-ST-ZIP				5.4 CITY-		
TITLE			DELETE	6.1 TITLE		Change Additi
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREE	T ADDRESS	
CITY-ST-ZIP	West and the state of the state	The Arts Proceed	not minuted it	6.4 CITY-		sted in Section 119 07(3)(i). Florida Statutes, I further certify that the information

Indicated on this annual report or supplied with rins limit does not quality 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.

(850) 997-2569