FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:32

DOCUMENT # P30664 (7)

1. Corporation Name
DOWDLE BUTANE GAS COMPANY, INC.

Principal Place of Business	Mailing Address
ATTN: JOHN R. BOWEN P.O. BOX 9129 COLUMBUS MS 39705-9129	ATTN: JOHN R. BOWEN P.O. BOX 9129 COLUMBUS MS 39705-9129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 64-0372952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCARTHY, JAMES R.
2531 ANDALUSIA BLVD.
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name: Allie Wood
82 Street Address (P.O. Box Number is Not Acceptable): HWY 20 & MADDISON AVE
83:
84 City: FREEPORT FL 85 Zip Code: 32439

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: Allie Wood 4-7-95
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KOEHLER, JOHN P	1.2 NAME	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, LARRY	2.2 NAME	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	HONNOLL, W. BURDETTE	3.2 NAME	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, JOHN R	4.2 NAME	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	DOWDLE, J. NUTIE	5.2 NAME	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DOWDLE, JOHN N	6.2 NAME	
STREET ADDRESS	2413 HIGHWAY 45 NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS MS 39705-9129	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John Bowen Secretary/Treasurer John Bowen 4/3/95 601-328-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487830 FN