

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30664

FILED
Jan 05, 2004
Secretary of State

Entity Name: DOWDLE BUTANE GAS COMPANY, INC.

Current Principal Place of Business:

ATTN: JOHN R. BOWEN
P.O. BOX 9129
COLUMBUS, MS 397059129

New Principal Place of Business:

Current Mailing Address:

ATTN: JOHN R. BOWEN
P.O. BOX 9129
COLUMBUS, MS 397059129

New Mailing Address:

FEI Number: 64-0372952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, ALICE
HWY 20 & MADDISON AVE.
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

SASSER, MIKE
9550 PENSACOLA BLVD
PENSACOLA, FL 32534 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIKE SASSER

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DENNIS, GARY
Address: 2413 HWY US NORTH
City-St-Zip: COLUMBUS, MS 397059129

Title: VP () Delete
Name: FRANKLIN, LARRY
Address: 2413 HIGHWAY 45 NORTH
City-St-Zip: COLUMBUS, MS 397059129

Title: VP () Delete
Name: FRANKLIN, LONNI
Address: 2413 HIGHEST 45 N
City-St-Zip: COLUMBIA, MI 35705

Title: ST () Delete
Name: BOWEN, JOHN R
Address: 2413 HIGHWAY 45 NORTH
City-St-Zip: COLUMBUS, MS 397059129

Title: CD () Delete
Name: DOWDLE, J. NUTIE
Address: 2413 HIGHWAY 45 NORTH
City-St-Zip: COLUMBUS, MS 397059129

Title: VP () Delete
Name: JAYNES, MARK
Address: 2413 HWY 45 N
City-St-Zip: COLUMBUS, MS 397059129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCSWEENEY, JIM
Address: 2413 HIGHWAY 45 N
City-St-Zip: COLUMBUS, MS 397059129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BOWEN

ST

01/05/2004

Electronic Signature of Signing Officer or Director

Date