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May 02 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 # **P93000025656 (8)**  
1. Corporation Name  
**TITUSVILLE DISCOUNT PROPANE, INC.**



Principal Place of Business  
**100 SOUTH HOPKINS AVENUE  
TITUSVILLE FL 32796**

Mailing Address  
**100 SOUTH HOPKINS AVENUE  
TITUSVILLE FL 32796-2676**

3. Date Incorporated or Qualified  
**04/02/1993**

3a. Date of Last Report  
**04/25/1996**

4. FEI Number  
**59-3178346**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**LONG, JOSEPH M  
100 SOUTH HOPKINS AVENUE  
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81 Name **STUTLER, THOMAS H.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**410 N. BURNETT RD (Home)**

83 **100 S. HOPKINS AVE (Business)**

84 City **Titusville** FL 85 Zip Code **32796**

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 **Thomas H. Stutler Pres.** **T.H. Stutler** **4/22/97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, JOSEPH M</b>	1.2 NAME	<b>STUTLER, THOMAS H.</b>
STREET ADDRESS	<b>2160 KINGS CROSS</b>	1.3 STREET ADDRESS	<b>410 N. BURNETT RD</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	1.4 CITY-ST-ZIP	<b>COCOA, FL 32926</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, CAROLYN G</b>	2.2 NAME	<b>STUTLER, N. CAROL</b>
STREET ADDRESS	<b>2160 KINGS CROSS</b>	2.3 STREET ADDRESS	<b>410 N. BURNETT RD</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	2.4 CITY-ST-ZIP	<b>COCOA, FL 32926</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, ROBERT H</b>	3.2 NAME	<b>STUTLER, ANTHONY W.</b>
STREET ADDRESS	<b>1215 POLLY ANNA DRIVE</b>	3.3 STREET ADDRESS	<b>410 N. BURNETT RD</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	3.4 CITY-ST-ZIP	<b>COCOA, FL 32926</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, DEE A</b>	4.2 NAME	
STREET ADDRESS	<b>1215 POLLY ANNA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL 32796</b>	4.4 CITY-ST-ZIP	
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 or on an attachment with an address.

SIGNATURE: **T.H. Stutler** **4/22/97** **407-853-5296**  
DATE Daytime Phone #

CR2E034 (9/96)