

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000042066 (9)

1. Corporation Name

COMMERCIAL PROPANE, INC.

Principal Place of Business

Mailing Address

~~2021 KATHERINE STREET~~
2619 KATHERINE ST
FORT MYERS FL 33901
US

2619 KATHERINE STREET
FORT MYERS FL 33901
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2619 Katherine ST		26		06/07/1993	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		65-0417250	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		8. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				8. Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMANN, JILL
2621 KATHERINE STREET
FORT MYERS FL 33901

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	D	1.1 TITLE	
NAME	MARCEL, HENRY A	1.2 NAME	
STREET ADDRESS	1492 HARWELL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROFTON MD	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CALLOW, SHERRY	2.2 NAME	SHERRY CALLOW-CANNONS
STREET ADDRESS	2619 KATHERINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	THOMANN, JILL	3.2 NAME	
STREET ADDRESS	2619 KATHERINE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ENDERBY, SAM	4.2 NAME	
STREET ADDRESS	2619 KATHERINE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

Handwritten signature

1-22-98 941-332-5105

CR2E034 (10/97)