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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042066

COMMERCIAL PROPANE, INC.

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90003 025 ***150.00



Principal Place	of Business	Mailing Address							•
2619 KATHERINE ST		2619 KATHERINE STREET						•	
2619 KATHERINE ST FORT MYERS FL 33901		FORT MYERS FL 33901				DO NOT WRITE IN THIS SPACE			
		US						STACE,	
US						 Date Incorporated or Qualife 06/07/1993 	a		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0417250		No	t Applicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.						\$8.75,4	dditional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & State		City & State				6. Election Campaign Financing	9	\$5.00	May Be `
23		28				Trust Fund Contribution	* <u> </u>	Added t	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cu	ırrent year In	tangible	
24	25	29	30			Personal Property Tax.	•	☐ Yes	™No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New	Registered	Agent	
			1	81	Name				
	MANN, JILL		}	82	Charat Addres	ss (P.O. Box Number is Not Accep	ntable)		
2621	KATHERINE STREET		ļ	02	Street Addres	ss (P.O. Box Number is Not Accep	Jiabie)	*	
FORT	T MYERS FL 33901		.	83			291 F471 F911	117151513	1112 111 111
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				84	City	.,,	Fl	185 Zip C	Code
11. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s. the ab	ove-	named corpo	ration submits this statement for th	ne purpose of	f changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorized	by tr	he corporation	n's board of directors. I hereby acc	ept the appo	intment as re	gistered
*,									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ager			Agent :	signature required	when reinstating)	DATE		
SIGNATURE		ID DIRECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO C			
	OFFICERS AN				signature required			ND.DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	LE	signature required	ADDITIONS/CHANGES TO C			
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITI 1.2 NA	LE ME	signature required of	ADDITIONS/CHANGES TO C			
12. TITLE NAME	D MARCEL, HENRY A	ID DIRECTORS	13. 1.1 TITI 1.2 NA	LE ME REET A	ADDRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
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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, with all other like empowered.

SIGNATURE: