

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

FILED
Mar 26 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 # P94000002748 (9)

1. Corporation Name

JOHNSON & JOHNSON PROPANE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 157
MADISON FL 32341

P.O. BOX 157
MADISON FL 32341-0157

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

8. Name and Address of Current Registered Agent

JOHNSON, J K
U.S. HIGHWAY 90 EAST
MADISON FL

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

04/04/1996

4. FEI Number

59-3218697

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-97

12. OFFICERS AND DIRECTORS

DELETE

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY - ST - ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY - ST - ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY - ST - ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
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12.96 TITLE
12.97 NAME
12.98 STREET ADDRESS
12.99 CITY - ST - ZIP
13.00 TITLE

DP
JOHNSON, J K
P.O. BOX 157 (N/A)
MADISON FL 32341

DST
JOHNSON, JACQUELINE P
P.O. BOX 157 (N/A)
MADISON FL 32341

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY - ST - ZIP
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13.96 CITY - ST - ZIP
13.97 TITLE
13.98 NAME
13.99 STREET ADDRESS
14.00 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

Date

904 973-2877

Daytime Phone #

CR2E034 (9/96)