

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034496

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: WILLIAMS PANHANDLE PROPANE, INC.

## Current Principal Place of Business:

274 CAPITAL CIRCLE, S.W.  
TALLAHASSEE, FL 32310

## New Principal Place of Business:

5287CAPITAL CIRCLE, S.W.  
TALLAHASSEE, FL 32305

## Current Mailing Address:

PO BOX 248  
TALLAHASSEE, FL 32302

## New Mailing Address:

FEI Number: 59-3239900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, BURTON C  
274 CAPITAL CIRCLE, S.W.  
TALLAHASSEE, FL 32310      US

## Name and Address of New Registered Agent:

WILLIAMS, BURTON C  
5287 CAPITAL CIRCLE, S.W.  
TALLAHASSEE, FL 32305      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/15/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, BURTON C  
Address: 2111 MILLER LANDING RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete  
Name: HAMMAKER, FRANK  
Address: 1710 SHERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete  
Name: JONES, ROBERT  
Address: 14950 BETH PAGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete  
Name: BURNS, LISA M  
Address: 26 CONE RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, BURTON C  
Address: PO BOX 248  
City-St-Zip: TALLAHASSEE, FL 323002

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 exemption stated in Chapter 119, 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: LISA M BURNS

Electronic Signature of Signing Officer or Director

T

04/15/2009

Date