

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034496

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** WILLIAMS PANHANDLE PROPANE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, BURTON C  
Address: PO BOX 248  
City-St-Zip: TALLAHASSEE, FL 32302

Title: S  
Name: HAMMAKER, FRANK  
Address: 2102 SKYLAND DR  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

I hereby 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 all other like empowered.

SIGNATURE: LISA M BURNS

TRES

03/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date