

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000055619 (8)

1. Corporation Name

SOUTH GEORGIA PROPANE, INC.



Principal Place of Business

Mailing Address

3710 NORTH MONROE STREET
TALLAHASSEE FL

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TALLAHASSEE FL

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21 4557 CAPITAL CIRCLE NW
Suite, Apt. #, etc.

26 P.O. BOX 37309
Suite, Apt. #, etc.

4. FEI Number

59-2132438

Applied For

Not Applicable

22 City & State

23 TALLAHASSEE, FL.

Zip Country

24 32303

25 UNITED STATES

9. Name and Address of Current Registered Agent

KUBIK, STEPHEN J ESQ
155 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

27 City & State

28 TALLAHASSEE, FL.

Zip Country

29 32315

30 UNITED STATES

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

KEITH O. LAWSON SR.

82 Street Address (P.O. Box Number is Not Acceptable)

2006 WOODSTOCK LANE

83

84 City

TALLAHASSEE

FL

85

Zip Code

32303

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 the content and obligations of Section 607.0505, Florida Statutes.

SIGNATURE

KEITH O. LAWSON, SR. PRESIDENT

01/25/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

P
NAME: LAWSON, KEITH O. S
STREET ADDRESS: 2006 WOODSTOCK LANE
CITY-ST-ZIP: TALLAHASSEE FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

1.2 NAME: KEITH O. LAWSON II
1.3 STREET ADDRESS: RT. 6 BOX 372
1.4 CITY-ST-ZIP: QUINCY, FL. 32351

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME: DIANE LAWSON
2.3 STREET ADDRESS: 2006 WOODSTOCK LANE
2.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32303

3.1 TITLE TREASURER ☐ Change ☒ Addition

3.2 NAME: JUSTIN LAWSON
3.3 STREET ADDRESS: 2006 WOODSTOCK LANE
3.4 CITY-ST-ZIP: TALLAHASSEE, FL. 32303

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 register 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

1/24/96 (904) 862-7711

CR2E034 (12/95)