FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081049 (6)

1. Corporation Name
PUTNAM PROPANE, INC.

Principal Place of Business
340 MYSTICAL WAY
ST. AUGUSTINE FL 32084

Mailing Address
340 MYSTICAL WAY
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 203-C Hwy 17 S	2a. Mailing Address 26 203-C Hwy 17 S	3. Date Incorporated or Qualified 10/31/1994	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	4. FEI Number 59-3280352	☐ Applied For ☐ Not Applicable
City & State 23 East Palatka, Florida	City & State 28 East Palatka, Florida	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 32131 / County 25 Putnam	Zip 29 32131 / County 30 Putnam	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	

9. Name and Address of Current Registered Agent

BRYAN, W J
340 MYSTICAL WAY
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: HAROLD GUESS
82 Street Address (P.O. Box Number is Not Acceptable): 203-C HIGHWAY 17 SOUTH
83
84 City: EAST PALATKA FL 85 Zip Code: 32131

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	P/T/D ☒ Change ☐ Addition
NAME	BRYAN, W J	1 2 NAME	Harold Guess
STREET ADDRESS	340 MYSTICAL WAY	1 3 STREET ADDRESS	203-C Highway 17 South
CITY ST ZIP	ST. AUGUSTINE FL 32084	1 4 CITY ST ZIP	East Palatka, Florida 32131
TITLE		2 1 TITLE	VP ☐ Change ☐ Addition
NAME		2 2 NAME	Richard Guess
STREET ADDRESS		2 3 STREET ADDRESS	203-C Highway 17 South
CITY ST ZIP		2 4 CITY ST ZIP	East Palatka, Florida 32131
TITLE		3 1 TITLE	S ☐ Change ☐ Addition
NAME		3 2 NAME	Amy Drescher
STREET ADDRESS		3 3 STREET ADDRESS	203-C Highway 17 South
CITY ST ZIP		3 4 CITY ST ZIP	East Palatka, Florida 32131
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	7/27

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)(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: Harold Guess — April 18, 95 — 904 328-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007013 CP