

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032765 (6)

1. Corporation Name

SUNBELT-PROPANE, INC.



Principal Place of Business

401 E. VIRGINIA ST.
TALLAHASSEE FL 32301

Mailing Address

401 E. VIRGINIA ST.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CANNON, WILLIAM T
401 E. VIRGINIA ST.
TALLAHASSEE FL 32301

4. FEI Number

59-3311195

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

CANNON, WILLIAM T

STREET ADDRESS

6271 BOMBADIL DR.

CITY-ST-ZIP

TALLAHASSEE FL 32303

TITLE

VD

☐ DELETE

NAME

MAY, EARL F

STREET ADDRESS

1017 SUMMERBROOKE DR.

CITY-ST-ZIP

TALLAHASSEE FL 32312

TITLE

SD

☐ DELETE

NAME

TYRREL, KENNETH I

STREET ADDRESS

2305 KILLEARN CENTER BLVD., #D88

CITY-ST-ZIP

TALLAHASSEE FL 32308

TITLE

D

☐ DELETE

NAME

LEWIS, JOHN R

STREET ADDRESS

4501 ROCKBRIDGE HOLLOW

CITY-ST-ZIP

TALLAHASSEE FL 32308

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change

☐ Addition

1.2 NAME

William T. Cannon

1.3 STREET ADDRESS

2965 Shamrock W. Apt. G-27

1.4 CITY-ST-ZIP

Tallahassee, FL 32308

2.1 TITLE

May, Earl F. VD

☒ Change

☐ Addition

2.2 NAME

May, Earl F. VD

2.3 STREET ADDRESS

1914 Doornar Dr.

2.4 CITY-ST-ZIP

Tallahassee, FL 32308

3.1 TITLE

SD

☒ Change

☐ Addition

3.2 NAME

Tyrrell, Kenneth I

3.3 STREET ADDRESS

200 Sugar Plum

3.4 CITY-ST-ZIP

Tallahassee, FL 32312

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 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

1/18/96

Date

(904) 222-5823

Daytime Phone #

CR2E034 (12/95)