**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000100438

BRADENTON PROPANE, INC.

Principal Place of Business
525 17TH AVE. WEST BRADENTON FL 34205

21

2. Principal Place of Business

Mailing Address

525 17TH AVE. WEST **BRADENTON FL 34205** 

2a. Mailing Address

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90041 015 \*\*\*150.00



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/12/1996 4. FEI Number

65-0729009

Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certifcate of Status Desired				
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 M Added to		
Zip			Country		8. This corporation owes the current			
24	25	29 30	<u> </u>		Personal Property Tax.		□No	
Name and Address of Current Registered Agent				Nama	10. Name and Address of New Registered Agent			
MC NEELY, DANIEL O 1528 84TH STREET NW				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34209				83				
DRADENION PL 34209							İ	
				City		FL 85 Zip C	ode	
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 AN		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	MC NEELY, DANIEL O		1.2 NAME					
STREET ADDRESS	1528 84TH ST.N.W		13 STREET	ADDRESS			ļ	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST	-ZIP				
TITLE	VDS	DELETE 2.1 TI				Change	☐ Addition	
NAME	MC NEELY, ROWENA M		2.2 NAME		· - · · · ·			
STREET ADDRESS	1528 84TH ST.N.W.		2.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME				-	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	r-zip			. ,	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME			•		
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition [	
NAME			5.2 NAME				1	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TMLE	•	☐ DELETÉ	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST	-ZIP	· .			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.