FILE NOW: FILING FEE AFRER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$90925 1. Corporation Name

BUDGET PROPANE INC.

DODGET	THOP ME INO									
Principal Place of Business Mailing Address							, 			
BUDGET PROPANE INC BUDGET PROPANE INC										
12231 HIGHWAY 77 12231 HWY 77 SOUTHPORT FL 32409 SOUTHPORT FL 32409							DO NOT WRITE IN THIS SPACE			
3001111 0111 12 02-100							Date Incorporated or Qualifed			
US		00					10/30/1991		,	
6 D: : I DI	and Business	2a. Mailing Address				4.	FEI Number	Ap	plied For	
	ace of Business	26					59-3114453	No	t Applicable	
21 Suite Ant	# oto	Suite, Apt. #, etc.				+-		\$8.75	Additional	
Suite, Apt. i	+, etc.	27				5.	Certificate of Status Desired	Fee Re	equired	
City & State		City & State			6.	Election Campaign Financing	\$5.00	May Be		
	•	28	8				Trust Fund Contribution	Added	to Fees	
Zîp	Country	Zip	Cour	itry		8.	This corporation owes the current year		_	
24	25	29	30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren					10.	Name and Address of New Register	ed Agent		
				81	Name			•		
WHI	re, Lewis		}	82	Street Addr	ess (F	P.O. Box Number is Not Acceptable)			
1011			ا **	JUGG AUGI	., 000					
PANAMA CITY FL 32401			83			_				
				_				85 Zip	Code	
				84	City		F	FL **\ `		
	egistered agent, or both, in the state m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statu	ites.	he corporation		n submits this statement for the purpose oard of directors. I hereby accept the ap	_	egistereo	
	Signature, typed or printed name of registered ager		E: Registered	Agent	signature required	KI WHEN	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
12.		D DIRECTORS	1,1 111	1 F			/ / / / / / / / / / / / / / / / / / / /	☐ Change	Addition	
TITLE	DP		1.2 NA		}		* * * * * * * * * * * * * * * * * * * *			
NAME	WHITE, LEWIS				ADDRESS					
STREET ADDRESS	1011 NOTTINGHAM DR.				1					
CITY-ST-ZIP	PANAMA CITY FL 32401	_+	1.4 CITY-ST-ZIP 2.1 TITLE				Change	☐ Addition		
TITLE	DST	· - ·								
NAME	WHITE, JACQUELINE R.			2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS								•		
CITY-ST-ZIP	PANAMA CITY FL	☐ DELETE	2.4 C		T-ZIP			Change	Addition	
TITLE	D		3.1 17					•		
NAME	SINGLETON, EMMETT F. JR.		3.2 N/		1000500					
STREET ADDRESS					ADDRESS		*			
CITY-ST-ZIP	PANAMA CITY FL 32404	☐ DELETE	3.4. C 4.1 TI		T-ZIP			☐ Change	Addition	
TITLE		D petruc	4.1 11 4.2 N							
NAME										
STREET ADDRESS	;				ADORESS					
CITY-ST-ZIP		[] ocusts		TY-S	T-ZIP			Change	Addition	
TITLE		OELETE	5.1 TI 5.2 N						_	
NAME					ADDRESS					
STREET ADDRESS	6									
CITY-ST-ZIP		m so ere	5.4 C	ITY-S	1+211			Change	Addition	
TITLE		☐ DELETE	6.2 N							
NAME					T ADDRESS					
1	1		■ 0.3 3	INCC	,					

6.4 CTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

R OR DIRECTOR

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.

FILED

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90041 015 ***150.00