

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 # **434537** (7)

1. Corporation Name
BUTLER OPERATIONS, INC



Principal Place of Business	Mailing Address
477 S W 24TH AVENUE PO BOX 477 OKEECHOBEE FL 34973-0477	477 S W 24TH AVENUE PO BOX 477 OKEECHOBEE FL 34973-0477

3. Date Incorporated or Qualified 09/07/1973	3a. Date of Last Report 01/24/1995
4. FEI Number 59-1512737	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BUTLER, ROBERT K
477 S W 24TH AVENUE
OKEECHOBEE FL 33472**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 607.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTLER, ROBERT K	
STREET ADDRESS	477 S W 24TH AVE	
CITY- ST- ZIP	OKEECHOBEE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUTLER, ROBERT L	
STREET ADDRESS	213 SILVER CREEK LN	
CITY- ST- ZIP	LORIDA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUTLER, MILDRED T	
STREET ADDRESS	477 S W 24TH AVE	
CITY- ST- ZIP	OKEECHOBEE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTLER, RONALD D	
STREET ADDRESS	608 BOAT RAMP RD.	
CITY- ST- ZIP	LORIDA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTLER, ROGER P	
STREET ADDRESS	193 RIVER LANE	
CITY- ST- ZIP	LORIDA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Butler, Ronald D.
4.3 STREET ADDRESS	2176 S W 28th St.
4.4 CITY- ST- ZIP	Okeechobee, FL 34974
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert K. Butler 1-23-96 941-263-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)