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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00am **Secretary of State**

	999		RPORATIONS	- 02-17-1999 90022 012 ***1	50.00
DOCUM	ENT # K05052			02-17-1999 90022 012 * * * 1	30.00
1. Corporation	Name				
BUTLER.	FELLOWS & BRADEN AD	Vertising, Inc.		1	
50,124,0					
Principal Place	of Business	Mailing Address			
713 S. ORANGE AVENUE 713 S. ORANGE AVENUE					
SARASOTA FL 3	4236	SARASOTA FL 34236		DO NOT-WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
				12/04/1987	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		26		65-0018325	\$8.75 Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	rear Intangible
24	25	29 3	0	Personal Property Tax.	☐ Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regis	
0011	INO LEWIO E ID	' .	81 Name		
	LINS, LEWIS F., JR		82 Street Adds	ress (P.O. Box Number is Not Acceptable)	
	ASOTA FL 34236		83		
3740	100 IN 1 E 07200				
			84 City		FL 85 Zip Code
44 Purcuant t	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purp- ion's board of directors. I hereby accept the	pose of changing its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was aut	thorized by the corporati	ion's board of directors. I hereby accept the	e appointment as registered
	n lamiliar with, and accept the oblig-	allotto 01, 0000011 001 /100==,			
SIGNATURE				_	
	Signature, typed or printed name of registered ag		Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	Registered Agent signature require	ed when reinstating) [DATE
	OFFICERS A		Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	DATE ERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS A SD MERCURIO, JOHN J.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ed when reinstating) [DATE ERS AND DIRECTORS IN 12
12.	OFFICERS A SD MERCURIO, JOHN J. 713 SOUTH ORANGE AVENU	ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) [DATE ERS AND DIRECTORS IN 12
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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.

SIGNATURE: