

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000091591 (2)

1. Corporation Name
BUTLER PROPERTIES OF WEST FLORIDA, INC.



Principal Place of Business
**1413 HWY. 395
 SANTA ROSA BEACH FL 32459**

Mailing Address
**1413 HWY. 395
 SANTA ROSA BEACH FL 32459**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/24/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0806101	
24	Country	29	Country	5. Certificate of Status Desired	
		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUTLER, ALBERT B 1413 HWY. 395 SANTA ROSA BEACH FL 32459				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				1413 N. HWY 395			
				B4 City			
				FL B5 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: *Albert B Butler* DATE: *4/29/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/TREASURER/DIRECTOR Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	BUTLER, ALBERT B	1.2 NAME	
STREET ADDRESS	1413 HWY. 395	1.3 STREET ADDRESS	1413 N. HWY 395
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY/DIRECTOR Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BUTLER, VAN NESS R JR.	2.2 NAME	
STREET ADDRESS	200 BANFILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE: *Albert B Butler*

CR2E034 (10/97)