

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
09/07/1973

3a. Date of Last Report  
01/24/1995

4. FEI Number  
59-1512737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 607.0503, 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 AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BUTLER, ROBERT K  
STREET ADDRESS 477 S W 24TH AVE  
CITY-STATE-ZIP OKEECHOBEE, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE TD ☐ DELETE  
NAME BUTLER, ROBERT L  
STREET ADDRESS 213 SILVER CREEK LN  
CITY-STATE-ZIP LORIDA, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE SD ☐ DELETE  
NAME BUTLER, MILDRED T  
STREET ADDRESS 477 S W 24TH AVE  
CITY-STATE-ZIP OKEECHOBEE, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE VD ☐ DELETE  
NAME BUTLER, RONALD D  
STREET ADDRESS 608 BOAT RAMP RD.  
CITY-STATE-ZIP LORIDA, FL 00000

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Butler, Ronald D.  
4.3 STREET ADDRESS 2176 S W 28th St.  
4.4 CITY-STATE-ZIP Okeechobee, FL 34974

TITLE VD ☐ DELETE  
NAME BUTLER, ROGER P  
STREET ADDRESS 193 RIVER LANE  
CITY-STATE-ZIP LORIDA, FL 00000

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

941-263-4191

Daytime Phone #

CR2E034 (12/95)