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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P96000083600 (2)**

1. Corporation Name
BUTLER OAKS FARM, INC.

Principal Place of Business	Mailing Address
477 SW 24TH AVE OKEECHOBEE FL 34974	477 SW 24TH AVE OKEECHOBEE FL 34974-3950

3. Date Incorporated or Qualified: 10/07/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 172 Shady Oaks Lane	26 172 Shady Oaks Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: Lorida FL	28 City & State: Lorida FL
24 Zip: 33857 25 Country: USA	29 Zip: 33857 30 Country: USA

4. FEI Number: 65-0707511 ☐ 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

BUTLER, R. K.
477 SW 24TH AVE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: Robert L. Butler
82 Street Address (P.O. Box Number is Not Acceptable): 213 Silver Creek Lane
83
84 City: Lorida **FL** 85 Zip Code: 33857

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: Robert L Butler Pres. 03-03-97
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	D	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BUTLER, R. K.		1.2 NAME	Butler, Robert L.	
STREET ADDRESS	477 SW 24TH AVE		1.3 STREET ADDRESS	213 Silver Creek Lane	
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP	Lorida, FL 33857	
TITLE		☐ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME			2.2 NAME	Butler, Robert K.	
STREET ADDRESS			2.3 STREET ADDRESS	477 S.W. 24th Ave.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Okeechobee FL 34974	
TITLE		☐ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME			3.2 NAME	Pamela H. Butler	
STREET ADDRESS			3.3 STREET ADDRESS	213 Silver Creek Lane	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Lorida, FL 33857	
TITLE		☐ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME			4.2 NAME	Mildred T. Butler	
STREET ADDRESS			4.3 STREET ADDRESS	477 S.W. 24th Ave	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: Robert L Butler SIGNATURE REQUIRED 03-03-97 (941)763-4389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #