FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 22 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001522434
-06/23/95--01089--014
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 218530

1. Corporation Name

BUTLER & STILL, INC.

Principal Place of Business	Mailing Address
3305 NE LAKE SEBRING DRIVE SEBRING, FLORIDA 33870	

3. Date Incorporated or Qualified: 12/31/58

3a. Date of Last Report: 4/17/94

2. Principal Place of Business	2a. Mailing Address
21 3305 NE LAKE SEBRING DR.	26 3305 NE LAKE SEBRING DR.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 SEBRING, FL	City & State 28 SEBRING, FL
Zip 24 33870	Zip 29 33870
Country 25 HIGHLANDS	Country 30 HIGHLANDS

4. FEI Number: 59-0863752 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS P. BUTLER 3305 NE LAKE SEBRING DR. SEBRING, FL 33870	81 Name: STEPHANIE D. MURPHY 82 Street Address (P.O. Box Number is Not Acceptable): 3305 NE LAKE SEBRING DR. 83 84 City: SEBRING FL 85 Zip Code: 33870

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: Stephanie D. Murphy — STEPHANIE D. MURPHY, V/S/T/D — 5/18/95
(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 / NAME / STREET ADDRESS / CITY ST ZIP	P/D THOMAS P. BUTLER 1401 ELMTREE RD, APT 5B COLUMBIA, SC 29209	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP/S/T/D STEPHANIE D. MURPHY 3305 NE LAKE SEBRING DR. SEBRING, FL 33870	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition 6/22/95 mst
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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: Stephanie D. Murphy — 5/18/95 — 813-655-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stephanie D. Murphy, VP/S/T/D