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 APR 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **391099** **(9)**

1. Corporation Name
BUTLER & SONS, INC.

Principal Place of Business	Mailing Address
2522 DELLWOOD AVENUE JACKSONVILLE FL 32204 US	6140 COSTANERO ROAD ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/09/1971**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 6140 Costanero Rd. (Suite, Apt. #, etc.)	26 6140 Costanero Rd. (Suite, Apt. #, etc.)
22 St. AugustineFla (City & State)	27 St. Augustine, Fla (City & State)
23	28
24 Zip 32084 / 25 Country	29 Zip 32084 / 30 Country

4. FEI Number: **59-1390375** ☐ 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
LYDE, EVELYN D 2522 DELLWOOD AVENUE JACKSONVILLE FL 32204	81 Name: Robert E. Butler 82 Street Address (P.O. Box Number is not acceptable): 6140 Costanero Rd. 83 St. Augustine, Fla. 84 City: FL 85 Zip Code: 32084

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. E. Butler — 4/10/95
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, ROBERT E.	1.2 NAME		
STREET ADDRESS	6140 COSTANERO RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, LORRAINE	2.2 NAME		
STREET ADDRESS	6140 COSTANERO ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, III R	3.2 NAME		
STREET ADDRESS	2522 DELLWOOD AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	LYDE, EVELYN	4.2 NAME		
STREET ADDRESS	2522 DELLWOOD AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information contained with this filing is voluntarily furnished and 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: Robert E. Butler — 4/10/95 — 904/7106377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007089 CP