

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PM 2:41

DOCUMENT # 434537

(7)

1. Corporation Name

BUTLER OPERATIONS, INC

Principal Place of Business

**477 S W 24TH AVENUE
PO BOX 477
OKEECHOBEE FL 34973-0477**

Mailing Address

**477 S W 24TH AVENUE
PO BOX 477
OKEECHOBEE FL 34973-0477**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1973

3a. Date of Last Report

03/18/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BUTLER, ROBERT K
STREET ADDRESS	477 S W 24TH AVE
CITY- ST- ZIP	OKEECHOBEE, FL 00000
TITLE	TD
NAME	BUTLER, ROBERT L
STREET ADDRESS	213 SILVER CREEK LN
CITY- ST- ZIP	LORIDA, FL 00000
TITLE	SD
NAME	BUTLER, MILDRED T
STREET ADDRESS	477 S W 24TH AVE
CITY- ST- ZIP	OKEECHOBEE, FL 00000
TITLE	VD
NAME	BUTLER, RONALD D
STREET ADDRESS	608 BOAT RAMP RD.
CITY- ST- ZIP	LORIDA, FL 00000
TITLE	VD
NAME	BUTLER, ROGER P
STREET ADDRESS	193 RIVER LANE
CITY- ST- ZIP	LORIDA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- 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 110.07(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 recorder 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: R. K. Butler **ROBERT K. BUTLER** 01-17-95 813-763-4191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

My/Her Phone #