

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 466594****(9)**

1. Corporation Name

BUTTS GROVE, INC.

Principal Place of Business

**810 N.7TH STREET
PO BOX 7
DADE CITY FLORIDA 33525**

Mailing Address

**810 N.7TH STREET
PO BOX 7
DADE CITY FLORIDA 33525**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/26/1974

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1573189

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

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUCKABAY JANE
14318 12TH ST
DADE CITY FL 33525**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOURKE, JOHN B
STREET ADDRESS	RD 3 BOX 247
CITY-ST-ZIP	NEWARK NY
TITLE	VP
NAME	HUCKABAY JANE
STREET ADDRESS	14318 12TH ST
CITY-ST-ZIP	DADE CITY FL
TITLE	ST
NAME	PETERSON, SUSAN H.
STREET ADDRESS	1009 S 15TH ST.
CITY-ST-ZIP	DADE CITY FL
TITLE	D
NAME	HUCKABAY WINONA S
STREET ADDRESS	14318 12TH ST
CITY-ST-ZIP	DADE CITY FL
TITLE	D
NAME	BUTTS RICHARD E
STREET ADDRESS	4715 NE 3110TH CIRCLE
CITY-ST-ZIP	DADE CITY FL
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 receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan H. Peterson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN H. PETERSON

3/7/95

904/521-0331