

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HUCKABAY JANE  
14318 12TH ST  
DADE CITY FL 33525

3. Date Incorporated or Qualified

12/26/1974

3a. Date of Last Report

03/10/1995

4. FEI 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

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE PD  
NAME BOURKE, JOHN B  
STREET ADDRESS RD 3 BOX 247  
CITY-ST-ZIP NEWARK NY

☐ DELETE

TITLE VP  
NAME HUCKABAY JANE  
STREET ADDRESS 14318 12TH ST  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

TITLE ST  
NAME PETERSON, SUSAN H.  
STREET ADDRESS 1009 S 15TH ST.  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

TITLE D  
NAME HUCKABAY WINONA S  
STREET ADDRESS 14318 12TH ST  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

TITLE D  
NAME BUTTS RICHARD E  
STREET ADDRESS 4715 NE 3LIOTT CIRCLE  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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 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:

Susan H. Peterson Sec/Treas

SUSAN H. PETERSON SEC/TREAS

3-14-96

(352) 567-9771

CR2E034 (12/95)