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

DOCUMENT # **661560** **(3)**

1. Corporation Name

BUTLER-MACDONALD ENTERPRISES, INC.

FILED
95 JAN 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134 US	201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1980
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1986642 ☐ 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
ZERO 34 REGISTRATION CORP. 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CHARLES W.	1.2 NAME	
STREET ADDRESS	1790 S.E. OSPREY STREET	1.3 STREET ADDRESS	7190 S.E. OSPREY STREET
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SUE	2.2 NAME	
STREET ADDRESS	1790 S.E. OSPREY STREET	2.3 STREET ADDRESS	7190 S.E. OSPREY STREET
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MARK C.	3.2 NAME	
STREET ADDRESS	9 DEERFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILTON HEAD ISLAND SC	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplied 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 addition.

SIGNATURE: Charles W. Johnson 01-16-95 (407) 546-4454
CHARLES W. JOHNSON, PRESIDENT
Name and title of officer or director (Please type or print) Date Daytime Phone #

0130855 CP