FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H01245

(0)

BUTTONWOOD BAY UTILITIES, INC.

Principal Pla 10001 U.S. 27 SEBRING FL	· ·	Mailing Address 10001 U.S. 27 S. SEBRING FL 33870-9629							
						3. Date Incorporated or Qualified 04/30/1984	3a. Date 03/26		leport
2. Principal Place of Business		2a, Mailing Address 26	<u> </u>			4. FEI Number 59-2466583	Applied For Not Applicable		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	1,11,			5. Certificate of Status Desired			Additional equired
City & St.	ate	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
7φ 24	Country 25	Zip 29	Cour 30	ntry			Yes 🗌	No	199.032,
	Name and Address of Cur	rent Registered Agent		81	******	10. Name and Address of New Re	gistered Ag	ent	
100	EYTAK, JOHN 001 U.S. 27 SOUTH BRING FL 33870	·		82 83 84	Street Addr	ess (P.O. Box Number is Not Acceptab		85 Zip	Code
office of	r registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida. Such change wa oligations of, Section 607.0505,	es authorized , Florida Statu	i by utes.	the corporati	oration submits this statement for the pon's board of directors. I hereby accepted when reinstating	urpose of cost the appoint	hanging i ntment as	ts registered registered
12.		AND DIRECTORS	13.	Agen	signature requir	ADDITIONS/CHANGES TO OFFICE		NECTOS	20 IN 12
1 DE NAME SYREEL ADDRESS	PD BURTON, MARVIN	DELETE	1.1 TIT 1.2 NA	ME	DORESS	Noon letter water to on te		Change	Addition
STREET ADDRESS	SEBRING FL		1.4 01		- •				
THE	SDT	DELETE	2.1 TH	LE				Change	Addition
NAME STREET ADURES:	BURTON, LORRAINE 10001 U.S. 27 S.		2.2 NA 2.3 STI		ODRESS				
CITY - ST - ZIF	SEBRING FL		2. 4 CI	TY - \$1	- ZIP				
ТПЕ		☐ DELETE	31 717	LE	T		Ľ	Change	Addition
NAME Physica Albobias			32 NA		.DDRESS				
STREET ADDRESS CITY - ST - ZIP	9		3.3 St)		1				
TILE		DELETE	4.1 TU		- 24		L	Change	Addition
NAME			4. 2 NA	AME					,

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing 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

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS 0117 - 8* - 719

CITY-ST-769

City+ST-7IP

THE

NAME

Title

NAME

DELETE

DELETE

FILED

Apr 30 1997 8:00am

Secretary of State

☐ Change

Change

Addition

Addition