

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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97 AUG -4 PM 2: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H26512** (4)  
1. Corporation Name  
**BUTLER MARINE TECHNOLOGY, INC.**

Principal Place of Business  
**600 S.E. 5TH COURT  
POMPANO BEACH FL 33060**

Mailing Address  
**600 S.E. 5TH COURT  
POMPANO BEACH FL 33060**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

**BUTLER, DAVID F.  
600 S.E. 5TH COURT  
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified  
**10/22/1984**

3a. Date of Last Report  
**01/25/1996**

4. FEI Number  
**59-2469232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Does or has paid the current year Intangible Tax by June 30. ☐ Yes ☐ No

Registered Agent

(table)

FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I am an officer or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I hereby accept the appointment as registered agent for the purpose of changing its registered agent of directors. I hereby accept the appointment as registered agent.

SIGNATURE

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

(NOTE: Registered Agent must be a resident of Florida.)

(Acquired when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTLER, DAVID F.	
STREET ADDRESS	600 S.E. 5TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUTLER, WANDA S.	
STREET ADDRESS	600 S.E. 5TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, DONALD W.	
STREET ADDRESS	450 WATER STREET	
CITY-ST-ZIP	GUILFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, DAVID E.	
STREET ADDRESS	127 WRIGHT RD	
CITY-ST-ZIP	CONCORD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHANK, ERIC S	
STREET ADDRESS	4180 PROVIDENCE SQ	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100002259921-0  
-08/06/97-01/09/98-023  
\*\*\*\*165.00 \*\*\*\*165.00

A. Allen  
8/4/97

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 with an address.

SIGNATURE:

*David F. Butler*

7/30/97

954  
781-7458

CR2E034 (4/97)

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## Butler Marine Technology

July 30, 1997

Ms. Amy Alan, Document Specialist  
DIVISION OF CORPORATIONS  
Annual Reports Section  
P.O. BOX 6327  
Tallahassee, Florida 32314

Dear Ms. Alan,

ref H 26512

Thank you for allowing us to re-submit our ANNUAL REPORT filing.

Enclosed is check # 3390 in the amount of \$ 165.00. This replaces the check # 3191 sent January 3, 1997 which has been lost. A copy of the earlier check and filing form is attached.

Thank you,

*David F Butler*

P.S. envelope is enclosed. Will you please CONFIRM that the records are corrected ?