

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:37

DOCUMENT # H66993 (7)

1. Corporation Name

BUTTS PLUMBING AND ROOFING CO., INC. B.P.R.

Principal Place of Business

2307 E 2ND AVE
TAMPA FL 33605
US

Mailing Address

2307 E 2ND AVE
TAMPA FL 33605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/16/1985

3a. Date of Last Report
03/08/1994

4. FEI Number
59-2561962

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 2307 E. 2ND AVE

2a. Mailing Address

26 2307 2ND AVE

Suite, Apt. #, etc.

22 FRONT BLDG.

City & State

23 TAMPA, FLORIDA

Zip

24 33605

Country

25 HILLSBORO

City & State

23 TAMPA, FLORIDA

Zip

24 33605

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Country

25 HILLSBORO

9. Name and Address of Current Registered Agent

BUTTS, WILLIAM J.
2307 E 2ND AVE
TAMPA FL 33605

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 WILLIAM BUTTS

William Butts

May 28-95

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BUTTS, WILLIAM
STREET ADDRESS	2307 2ND AVE.
CITY ST ZIP	TAMPA FL
TITLE	VS
NAME	BUTTS, DENA LENNET
STREET ADDRESS	3209 E PARIS ST
CITY ST ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Butts

WILLIAM BUTTS

May 28-95

247-2734

(Signature and typed or printed name of signing officer or director)