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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H74100

(9)

C.V. BUTLER FARMS, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			I NORISHI BUIN NORTH BURNA FIBIN DONN DONN BRONN BRONN BURNA BURNA BURNA BRONN ARRA
1218 E ROBII	ISON ST.	1218 E-ROBINSON BT			
ORLANDO PL		DRLANDO FL 52801-9194			1
_					DO NOT WRITE IN THIS SPACE
ı					3. Date Incorporated or Qualified
e Principal C	Race of Business	2a. Mailing Address			09/04/1985 4. FEI Number Applied For
21 3185		26 SAM	E		
Suite, Apt. #, etc. Suite, Apt. #, etc.				· · · <del>- · ·</del>	59-2612228   Not Applicable   \$8.75 Additional
22 SUITE E 27					5. Certificate of Status Desired Fee Required
City & State City & State					Election Campaign Financing \$5.00 May Be
23 ORLI		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible
24 328	12 25 USA	29	30		Personal Property Tax due June 30. 🗵 Yes 🗌 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
BU	TLER, C VICTOR JR			81 Name	
1010 E DODBIOON OT				B2 Street	t Address (P.Q. Box Number is Not Acceptable)
ORLANDO FL 32801"				31	85 S. CONWAY RD.
				63	VITE E
				84 City	OF 7in Code
				OR	?LANDO FL 8 32 8/2
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 reinstating)  DATE					
12.	OFFICERS AND		13.	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 10	1.F	Change Addition
NAME	BUTLER, C.V.	<del></del>	1.2 N/		
STREET ADDRESS	- 1218 E ROBINSON ST			REET ADDRESS	2185 S. CONWAY RD. STEE
CITY-ST-ZIP	_ORLANDO FL			TY+ST-ZIP	3/85 S. CONWAY RD. STEE ORLANDO, FL 32812
TITLE	DS	DELETE	2.1 111		☐ Change ☐ Addition
NAME	PHILLIPS, BETTY B		2.2 NA	ME	_ · _
STREET ADDRESS	STATE ROAD 12		2.3 ST	REET ADDRESS	
CITY-ST-ZIP	HAVANA FL			TY-ST-ZIP	
TITLE	DVP	☐ DELETE	3 1 111		Change Addition
NAME	BUTLER, FRANCES		3.2 NA	ME	
STREET ADDRESS	STATE ROAD 12		3.3 ST	reet address	
CITY-ST-ZIP	HAVANA FL		1	TY-ST-ZIP	
TITLE		DELETE	4.1 TO		Change Addition
NAME			4.2 N	<b>AME</b>	
STREET ADDRESS				reet address	
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP	
TITLE		DELETE	5.1 TIT		Change Addition
NAME			5.2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP	· 			Y-ST-ZIP	
TITLE		DELETE	6.1 TIT		Change Addition
NAME		_	6.2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				IY-ST-ZIP	
U1 6H			0.4 01	, OI EII	<u> </u>

14. I 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.

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1/20/48 (407)501 520