

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthan,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H90273 (4)**

1. Corporation Name  
**BOUTIN, BROWN, BUTLER INC.**



Principal Place of Business: **822 N MONROE ST TALLAHASSEE FL 32303-6141 US**  
Mailing Address: **822 N MONROE ST TALLAHASSEE FL 32303-6141 US**

3. Date Incorporated or Qualified: **12/17/1985**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **59-2613473**  
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: **822 N MONROE ST TALLAHASSEE, FL 32303-6177**  
2a. Mailing Address: **822 N MONROE ST TALLAHASSEE, FL 32303-6177**  
22. NEW ADDRESS IS: **906 NORTH MONROE STREET TALLAHASSEE, FL 32303-6177**  
23. NEW ADDRESS IS: **906 NORTH MONROE STREET TALLAHASSEE, FL 32303-6177**  
24. Zip: **32303** Country: **US**

9. Name and Address of Current Registered Agent: **BOUTIN, N. RICHARD JR. 822 N MONROE ST TALLAHASSEE FL 32303**  
NEW ADDRESS IS: **906 NORTH MONROE STREET TALLAHASSEE, FL 32303-6177**  
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: **32303**

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's signature is required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PM</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>NEW ADDRESS IS: 906 NORTH MONROE STREET TALLAHASSEE, FL 32303-6177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BOUTIN, N. RICHARD, JR.</b>		1.2 NAME:	
STREET ADDRESS: <b>822 N MONROE ST</b>		1.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>		1.4 CITY-ST-ZIP:	
TITLE: <b>VDT</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>NEW ADDRESS IS: 906 NORTH MONROE STREET TALLAHASSEE, FL 32303-6177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BROWN, JONATHAN P.</b>		2.2 NAME:	
STREET ADDRESS: <b>822 N MONROE ST</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>		2.4 CITY-ST-ZIP:	
TITLE: <b>VSD</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <b>NEW ADDRESS IS: 906 NORTH MONROE STREET TALLAHASSEE, FL 32303-6177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BUTLER, WILLIAM F.</b>		3.2 NAME:	
STREET ADDRESS: <b>822 N MONROE ST</b>		3.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>TALLAHASSEE FL</b>		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **N. Richard Boutin, Jr.** DATE: **2/19/96** (904) 681-6332  
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E034 (12/95)