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

APPROVED AND FILED

95 MAY -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J80695** **(6)**

1. Corporation Name

BUTLER'S NURSERY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% CHARLES R. BUTLER 7011 - 75TH ST N PINELLAS PARK FL 34665	% CHARLES R. BUTLER 7011 - 75TH ST N PINELLAS PARK FL 34665

3. Date Incorporated or Qualified: **06/29/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): SAME

2a. Mailing Address (26): SAME

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) County (25)

Zip (29) County (30)

4. FEI Number: **59-2819598** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, CHARLES R.
7011 - 75TH ST N
PINELLAS PARK FL 34665

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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
9 TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, CHARLES R.	2 NAME	
STREET ADDRESS	7011-75TH ST. N	3 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL 34665	4 CITY ST ZIP	
TITLE	VP	1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, CHARLES C.	2 NAME	
STREET ADDRESS	7011 75TH ST N.	3 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL	4 CITY ST ZIP	
TITLE	STD	1 TITLE	☒ Change ☐ Addition
NAME	~~BUTLER, DEBRA R.~~	2 NAME	
STREET ADDRESS	~~7011 75TH ST N.~~	3 STREET ADDRESS	Delete
CITY ST ZIP	~~PINELLAS PARK FL~~	4 CITY ST ZIP	
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		1 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	

14. I declare, under penalty of perjury, that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1, 2, or 13 above or on an attachment with an address.

SIGNATURE: Charles R Butler Charles R Butler 5-1-95 (813)544-0945

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING REPORT DATE DAYTIME TELEPHONE NUMBER

0364702 CP