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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J80695

(6)

BUTLER'S NURSERY, INC. Principal Place of Business Mailing Address % CHARLES R. BUTLER * CHARLES R. BUTLER 7011 - 75TH ST N PINELLAS PARK FL 34665 7011 - 75TH ST N PINELLAS PARK FL 34665



PINELLAS PARK FL 34665		PINELLAS PARK FL 34665				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995	
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number Applied For	
j		26	6			59-2819598 Not Applicate	
Suite, Apt. #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		Oity & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
<u>Ζ</u> ιρ	Country	Zip	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\subseteq \text{No} \)	
L	9. Name and Address of Currer	29	<u> </u> 30]			10. Name and Address of New Registered Agent	
	9. Name and Address of Corre	it negistered Agent		81	Name		
BUTLER, CHARLES R.				82 Street Address (P.O. Box Number is Not Acceptable)			
	5TH ST N S PARK FL 34665			83			
FRIELLON	S PARK I E STOOS			84	City	FL 85 Zip Code	
SIGNATURE s	gnature, typod or printed na techt registerist ages OFFICERS AN	Cast the flappicate (Nill Registered	I A.J	of signature feet wee	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Z.	PD	☐ DELETE	1 1 7	HLE		Change Addit o	
AME	BUTLER, CHARLES R.		1.2 N	AME.			
TREET ADDRESS	7011-75TH ST. N		138	THEE.	1 ADDRESS		
ITY - ST - ZIP	PINELLAS PARK FL 34665		140	HY-	ST-7IP		
ILE	VP	☐ DELETE	2 1 1	THILE		Change Addit o	
IAME	BUTLER, CHARLES C.		22 N	AM:			
TREE1 ADDRESS	7011 75TH ST N.		235	THEE	T ADDRESS		
ITY - ST - ZIP	PINELLAS PARK FL		240	ijŢγ.	ST- ZIP	Change Addition	
TITLE		☐ DELETE	3 1				
IAME				iAMÉ			
TREET ADDRESS					ET ADDRESS		
HTY-S1-ZIP		☐ DELETE		TITLE	ST-ZIP	Change Addition	
ITLE				NAME			
NAME			1		ET ADDRESS		
STREET ADDRESS					Si - ZiP¹	<u></u>	
CITY-ST-ZIP TITUE		DELETE		TIT.		☐ Change ☐ Additi	
NAME			521	NAME	i l		
STREET ADDRESS			5.3	SIRF	et ADDRESS		
CITY - ST - ZIP			5.4	City.	-ST ZIP		
TIFLE		DELETE	6 1	THU	f	Change Addili	
NAME				NAMI			
STREET ADDRESS					ET ADDRESS		
C(TY - ST - ZIP			6.4	CITY	ST-ZP	for the expension stated in Section 119 07(3)(k). Florida Statutes. I further	

14. For 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 if further certify that the information indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental arrival report is true and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes if further certify that the information indicated in this arrival report or supplemental arrival report is true and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes if further certify that the information indicated in this arrival report or supplemental arrival report is true and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes if further certify that the information indicated in the same legal effect as if further certification in the information indicated in the same legal effect as if further certification in the information indicated in the information indicated in the same legal effect as if further certification in the information indicated in the same legal effect as if further certification in the information indicated in the i

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-16 (813)544.0445