

**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 # **K72025** (5)

1. Corporation Name  
**BUTCH'S USED CARS, INC.**



Principal Place of Business: 15307 US HWY 301, DADE CITY FL 33525, US  
Mailing Address: 15307 US HWY 301, DADE CITY FL 33525, US

3. Date Incorporated or Qualified: 03/10/1989  
3a. Date of Last Report: 03/08/1995  
4. FEI Number: 59-2935478  
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 (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

SHAHEEN, JAMES T  
14025 MARTIN SR. DR.  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE: D  DELETE  
NAME: SHAHEEN, JAMES T.  
STREET ADDRESS: 14025 MARTIN SR. DR.  
CITY-ST-ZIP: DADE CITY FL

2. 1 TITLE: D  DELETE  
NAME: SHAHEEN, GLENDA P.  
STREET ADDRESS: 14025 MARTIN SR. DR.  
CITY-ST-ZIP: DADE CITY FL

3. 1 TITLE:  DELETE

4. 1 TITLE:  DELETE

5. 1 TITLE:  DELETE

6. 1 TITLE:  DELETE

1. 1 TITLE:  Change  Addition  
2. 1 NAME  
3. 1 STREET ADDRESS  
4. 1 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 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: *James T. Shaheen* JAMES T. SHAHEEN 2-21-96 352-5673155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)