FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE May 07 1998 8:00am CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (0) **BUTTERY RESTAURANTS, INC.** Principal Place of Business Mailing Address 2833 BEE RIDGE RD. 2833 BEE RIDGE RD. SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1991 26. Mailing Address ENC Scoom
20 EAST 35-H ST 2. Principal Place of Business FEI Number Applied For Not Applicable 48 60 ASHTONR 06-1310698 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing SARASOLA Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible 10016 Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALA N 81 Name KERSCHNER, ALAN is easch NER C/O BUTTERY RESTAURANT 82 2801 OAKST 2833 BEE RIDGE RD. 83 SARASOTA FL 34239 Zip Code 3 423 3 84 SANABOTA 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 agont, 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 (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change DCP 1.1 TITLE TITLE SLOCUMIENIG NAME SLOCUM. ERIC 1.2 NAME O EAST 35+ 3819 VILLA FRANCA AVE STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE KERSCHNER, ALAN 2.2 NAME 2801 OAK ST. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

ERIC SLOCUM

14. Thereby 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 this corporation or the receiver or fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plock 13 of Plock 13 if chapted for one an extraction of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an atta