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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000011015 (3) DOCUMENT

BUTLER'S RESTAURANT AND LOUNGE, INC.

Principal Place of Business Mailing Address BUTLER BAY ROAD P.O. BOX 212 HIGHLAND VIEW HIGHLAND VIEW DO NOT WRITE IN THIS SPACE PORT ST. JOE FL 32456 PORT ST. JOE FL 32456 3. Date Incorporated or Qualified 02/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3164982 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUTLER, RONALD W BUTLER BAY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) HIGHLAND VIEW PORT ST.JOE FL 32456 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 appraising with, and accept the obligations of Segtion 607.0505, Florida Statutes. DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE Change 1.1 TITLE NAME KENNEDY, CATHY E 1.2 NAME STREET ADDRESS BUTLER BAY ROAD HIGHLAND VIEW 1.3 STREET ADDRESS PORT ST. JOE FL 32456 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition BUTLER, RONALD W NAME 2.2 NAME BUTLER BAY ROAD HIGHLAND VIEW STREET ADDRESS 2.3 STREET ADDRESS PORT ST. JOE FL 32456 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE ___ Change ___ Addition 3.1 TITLE NAME 3.2 NAME

14. I hereby 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 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

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

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5.1 TITLE

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61 TITLE

6.2 NAME

SIGNATURE

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Jan 30 1998 8:00am

Secretary of State