


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000045835 (2)**

1. Corporation Name

BUTTERFIELD & ASSOCIATES, INC.



Principal Place of Business

**7031 GRAND NATIONAL DR
SUITE 1058
ORLANDO FL 32819
US**

Mailing Address

**7536 REPUBLIC DR.
ORLANDO FL 32819-8820**

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 7031 GRAND NATIONAL DR

4. FEI Number

59-3319800

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 105 B

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Orlando FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32819

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTTERFIELD, MARK S
20 BRITTON ST.
BABSON PARK FL 33827**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8654 Alegre CL

83

84 City **Orlando**

FL

85 Zip Code **32836**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☐ DELETE
NAME **BUTTERFIELD, MARK S**
STREET ADDRESS **7536 REPUBLIC DR.**
CITY-ST-ZIP **ORLANDO FL 32819**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **8654 Alegre CL**
1.4 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **VS** ☐ DELETE
NAME **BUTTERFIELD, ANA PAULA S**
STREET ADDRESS **7536 REPUBLIC DR.**
CITY-ST-ZIP **ORLANDO FL 32819**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **8654 Alegre CL**
2.4 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)