

FILE NOW: FILING FEE AFTER MAY 7 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02 1997 8:00am
Secretary of State

DOCUMENT # **995000095105**
1. Corporation Name
FRANK BUTLER, INCORPORATED

Principal Place of Business Mailing Address
P.O. BOX 410816
MELBOURNE, FLORIDA
32941-0816

2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1-1-96 3a. Date of Last Report 1-1-96 4. FEI Number 59-3350362 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
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9. Name and Address of Current Registered Agent FRANK BUTLER P.O. BOX 410816 MELBOURNE, FL. 32941	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Reporting Change DATE _____

12. OFFICERS AND DIRECTORS PRES FRANK BUTLER P.O. BOX 410816 MELBOURNE, FL. 32941	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST., ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST., ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST., ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST., ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST., ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST., ZIP
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14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. This report is being filed as required by Chapter 607, Florida Statutes, and Chapter 119, Florida Statutes.

SIGNATURE: **Frank Butler** DATE: **4/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR