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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1997 8:00am

Secretary of State

197 813-441-2450

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000077887 (3)

H. JO BUTTERWORTH, P.A.					
Principal Place of Business 1779 SUNSET POINT ROAD CLEARWATER FL 34615		Mailing Address 1779 SUNSET POINT ROAD CLEARWATER FL 34815-1683		F SECTION IN THE PRINT BOTH SOUTH CONTROL TO THE POST OF THE PRINT POST OF THE POST OF THE PRINT POST OF THE POST	
				3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·····	1-D-59-34036	Not Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	**************************************	City & State			Fee Required
23	•	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 φ	Country	Zip	Country	This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	latered Agent
BUT	Terworth, H. Jo		81 Name		
1779 SUNSET POINT ROAD 82 Street Address (F				ress (P.O. Box Number is Not Acceptable	e)
CLEARWATER FL 34615					
			83		
			84 City	######################################	85 Zip Code
44 7	1 Cooling CO7 010	22 and CD7 1EO0 Florida Clotud	loo the obey seemed core	poration submits this statement for the pe	FL 65 Zip Code
SIGNATURE	in familiar with, and accept the obliging the state of the obliging the state of th	ent and title if applicable (NO)	orida Statutes. (E: Registered Agent signature requirements)	fion's board of directors. I hereby acception is board of directors. I hereby acception in the stating in the stating is a stating in the sta	DATE
TOLE	D	DELETE	11 TITLE		Change Addition
NAME	BUTTERWORTH, H. JO		12 NAME		·
STREET LANDRESS	1779 SUNSET POINT ROAD		1.3 STREET ADDRESS		
CITY ST-ZIF	CLEARWATER FL 34615		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STHEFT ADDRESS			2 3 STREET ADDRESS		
City+\$"-7iP TiftE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		The second secon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZiP			3.4. CITY-ST-ZIP		
TIT.E		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CHY-ST-7iP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
City - S ⁷ - ZiP Title	Commence of the second	DELETE	5.4 CATV-ST-ZAP 6.1 TITLE		Change Addition
NAM!		- pretit	6.2 NAME		- Survigo - Last recordon
STREET ADDRESS			6.3 STREET ADDRESS		
City - St - ZiP			6.4 CITY-ST-ZIP		
14. I do heren	by certify that the information supplie	d with this filing does not qual	ify for the exemption stated	d in Section 119.07(3)(i), Florida Statutes	i. I further certify that the
t am an of	n Indicated on this antiual report or s fricer or director of the corporation or n Block 12 or Block 13 if changed, o	r the receiver or trustee empoy	vered to execute this repor	t my signature shall have the same legal rt as required by Chapter 607, Florida Si	ellect as it made under dath; that atutes; and that my name