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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000080784 (7)

1. Corporation Name

C.C. BUTLER, INC.  
BUTLER

THIS IS TO CORRECT  
A TYPOGRAPHICAL ERROR



Principal Place of Business

7605 N NEBRASKA AVE  
TAMPA FL 33604

Mailing Address

7605 N NEBRASKA AVE  
TAMPA FL 33604-4236

3. Date Incorporated or Qualified

09/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 4707 W BUGG RD

Suite, Apt. #, etc.

22 City & State

23 PLANT CITY FL

Zip

24 33567

Country

25 HILLSBOROUGH

2a. Mailing Address

26 4707 W BUGG RD

Suite, Apt. #, etc.

27 City & State

28 PLANT CITY FL

Zip

29 33567

Country

30 HILLSBOROUGH

4. FEI Number

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

BUTLER, OLLIE B JR  
7605 N NEBRASKA AVE  
TAMPA FL 33604

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BUTLER, O G JR	4707 W BUGG ROAD	PLANT CITY FL 33567	<input type="checkbox"/>
	BUTLER	BUGG		<input type="checkbox"/>
		(CORRECT TYPOS)		<input type="checkbox"/>
PSTD	BUTLER, CAROL C	4707 W BUGG ROAD	PLANT CITY FL 33567	<input type="checkbox"/>
	BUTLER	BUGG		<input type="checkbox"/>
		(CORRECT TYPOS)		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	BUTLER, O G JR	4707 W BUGG RD	PLANT CITY FL 33567	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PSTD	BUTLER, CAROL C	4707 W BUGG RD	PLANT CITY FL 33567	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Carol C Butler PRES  
CAROL C BUTLER PRES

4/15/97

813 737 4631