**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

**FILED**
98 SEP 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020345

1. Corporation Name: C. B. Butler, Inc.
1021 S. Rogers Circle, Suite #8
Boca Raton, Florida 33487

Principal Place of Business:
1021 S. Rogers Circle
Suite #8
Boca Raton, Florida
33487

Mailing Address:
1021 S. Rogers Circle
Suite #8
Boca Raton, Florida
33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1021 S. Rogers Cir.,#8
Suite, Apt. #, etc.
22 #8
City & State
23 Boca Raton, Florida
Zip
24 33487
Country
25

2a. Mailing Address
26 1021 S. Rogers Cir.
Suite, Apt. #, etc.
27 #8
City & State
28 Boca Raton, Florida
Zip
29 33487
Country
30

3. Date Incorporated or Qualified: March 5, 1997

4. FEI Number: 65-0744233 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Nicholas H. Hagoort, Jr.
1901 S. Congress Avenue, Suite 360
Boynton Beach, Florida 33426

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 of a director, president, or other officer required when reinstating) (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | President & Treasurer | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Chad B. Butler | | 12 NAME | |
| STREET ADDRESS | 33 Grand Bay circle | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Juno Beach, Florida 33408 | | 14 CITY-ST-ZIP | |
| TITLE | V. President/Secretary | ☐ DELETE | 21 TITLE | |
| NAME | Meredith A. Butler | | 22 NAME | |
| STREET ADDRESS | 33 Grand Bay Circle | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Juno Beach, Florida 33408 | | 24 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 31 TITLE | |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

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******8.75 ******8.75

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****150.00 ****150.00

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 Block 12 or Block 13 if changed or added on an attachment with an address.

**SIGNATURE:** Chad B. Butler, Chad B. Butler, Pres. 09/22/98 (561) 241-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (10/97)