1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P981 Corporation Name BUTLER TOWN 2	0000 576 Recovery	234 ENC.		SEC TALL	JUL -6 PH 4: LE RETARY OF STATE AHASSEE, FLORID	A
Principal Place of Business 13404 N. NEBLASK	Mailing Address	S		-07 <i>a</i>	2927627 /09/9901082 **158.75 ****1	005 58.75
TAMPA, F1. 33613				3. Date Incorporated or Qual	WRITE IN THIS SPACE	
. Principal Place of Business	2a. Mailing Add	ress		6/24/98 4. FEI Number 59-352500		oplied For ot Applicable
Suite, Apt. #, etc. City & State	t. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desire	Fee R	Additional equired
Zip Country	28 Zip		untry	Election Campaign Finance Trust Fund Contribution This corporation owes the	Added	May Be to Fees
25 9 Name and Address of Curr	29 rent Registered Agent	30	81 Name Oc	Personal Property Tax. 10. Name and Address of N	☐ Yes ew Registered Agent	□No
			82 Street Actor	PARK H. Ko- ess IP.O. Box Number is Not Acc	thman Maby Hwy). 32
Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Flor	ida Statutes, the	84 City	Ampa poration submits this statement for	FL 85 Zip	S3614 Healstered
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the oblisionature	ate of Florida. Such chan igations of, Section 607.	nge was authorize .0505, Florida Sta	above-named corp d by the corporatio tutes.	on's board of directors. I hereby a	the purpose of changing if	2614 1egistered gistered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli SIGNATURE Signiture, typed or printed name of registered a	ate of Florida. Such chan igations of, Section 607.	nge was authorize .0505, Florida Sta	above-named corp d by the corporation tutes.	on's board of directors. I hereby a	r the purpose of changing its	egistered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblining signature, typed or printed name of registered agent. 2. FICERS TILE THE	ate of Florida. Such charigations of, Section 607. agent and title if applicable. AND DIRECTORS	nge was authorize 0505, Florida Sta (NOTE Registere 13 DELETE 1.11	above-named corp id by the corporation tutes. Id Agent signature required. ITLE	on's board of directors. I hereby a	The purpose of changing if accept the appointment as re	egistered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblicing and the state of the	ate of Florida. Such charigations of, Section 607. agent and title if applicable. AND DIRECTORS	ge was authorize 0505, Florida Sta (NOTE Registere 13 ELETE 1.11 121 1.35	above-named corp id by the corporation tutes. If Agent signature required	on's board of directors. I hereby a	The purpose of changing if inccept the appointment as response. DAYE DOFFICERS AND DIRECTOR	ogistered ORS IN 12
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the oblisionature. Signiture, typed or printed name of registered to the state of the st	ate of Florida. Such charigations of, Section 607. agent and title if applicable. AND DIRECTORS L AURULE 1. 38540 LEK N ROAD	NOTE Registere 1.11	above-named corporation do by the corporation tutes. Ind Agent signature required the corporation tutes. ITLE ITLE ITLE ITTLE ITT	on's board of directors. I hereby a	The purpose of changing if inccept the appointment as response. DAYE DOFFICERS AND DIRECTOR	ogistered ORS IN 12
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblining of the state of the s	ate of Florida. Such charingations of, Section 607. agent and title if applicable. AND DIRECTORS L AURULE 1. 38540 LEK WROAD	NOTE Registere	above-named corp d by the corporatio tutes. d Agent signature required. ITLE LAME STREET ADORESS DITY-ST-ZP ITLE LAME LAME	on's board of directors. I hereby a	The purpose of changing if accept the appointment as response to the appointment of the a	ogistered ——————————————————————————————————
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblicing agent. I am familiar with a section agent. I am fami	ate of Florida. Such charigations of, Section 607. agent and title if applicable. AND DIRECTORS L AURULE 1. 38540 LEK WROAD D D D D D D D D D D D D	NOTE Registere	above-named corp d by the corporatio tutes. ITLE ITL	on's board of directors. I hereby a	The purpose of changing its accept the appointment as response to the appointment as response	ORS IN 12 Addition Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblining agent. I am familiar with a supplied agent. I am	ate of Florida. Such charigations of, Section 607. agent and title if applicable. AND DIRECTORS L AURULE 1. 38540 LEK WROAD D D D D D D D D D D D D	NOTE Registere	above-named corp d by the corporatio tutes. In a day tute	on's board of directors. I hereby a	The purpose of changing its accept the appointment as response to the appointment as response	gistered DRS IN 12 Addition
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblining agent. I am familiar with a supplier of the oblining agent. I am familiar with a supplier of the oblining agent. I am familiar with a supplier of the oblining agent. I am familiar with a supplier of the oblining	ate of Florida. Such charigations of, Section 607. agent and title if applicable. AND DIRECTORS L AVENUE 1. 38540 LEK N ROAD D D D D	NOTE Registere 1.11	above-named corp d by the corporatio tutes. In Agent signature required TITLE LAME STREET ADORESS SITY-ST-ZP TITLE LAME STREET ADORESS CITY-ST-ZIP TITLE NAME	on's board of directors. I hereby a	The purpose of changing its accept the appointment as response to the appointment as response	DRS IN 12 Addition Addition

656 Lake Villes Orive Alternonte Springs, FL 32701 (407) 831-6316

July 2, 1999

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE: Butler Towing & Recovery Inc. Ref. No. P98000057234

EIN: 59-3525007

Dear Sir or Madam:

Enclosed please find a signed copy of the original Annual Report we filed, a copy of a filing receipt showing proof of mailing, and a new check in the amount of \$150.00 for the payment.

We would appreciate your expediting this as quickly as possible. We are applying for a loan and need to have a good certificate of standing in order to get the loan. If you need anything further please feel free to contact me at the abovementioned telephone number.

Sincerely,

Renée M. Cassese

Accountant

Troy A. Butler

President

U.S. POSTAL RERVICE CERTIFICATE OF MAILING MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER	Afflix fee here in stamps and services licenships of the services fronts (and
Pacar Carre	
attament St. Le 32701	UNA60
One piece of ordinary grait education see	46 F 3
P.O. Box 6322	The state of the s
Tallahaosee, 4/ 32314 PS Form 3817, Mar. 1989	\$15 XJ 3/10/Life

...

The state of the s

. :

•

-

.