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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

SandratB. Morasam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # s 31579

John the Butler of the Keys, Inc.

FILED Jun 04 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	Mailing Address				
12 Macaw Lane	12 Macaw Lane					
Key West, FL 33040	Key West, FI	330	40			
				3. Date Incorporated or Qualified	3a. Date of Last	Report
				2-12-91	2/7/96	
2. Principal Place of Business 2a. Mairing Address				4. FEI Number	CE OOFGOOD	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0253327	Not Applicable \$8.75 Additional	
 				5. Certificate of Status Desired	1 1 '	Additional Required
2 27 City & State City & State				6. Election Campaign Financing		May Be
23	28		Trust Fund Contribution		May be	
Zip Country	Zıp	Country		8. This corporation has liability for in		
24 25	29	30		Florida Statutes	Yes No	
9. Name and Address of Curren			10. Name and Address of New Registered Agent			
Guy W. Kennen		8	1 Name			
12 Macaw Lane			2 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
Key West, FL 33040		-				
key west, In 33040		8:	3			
		84	4 City		 85 Zip	Code
			<u></u>		<u> </u>	
 Pursuant to the provisions of Sections 607.050. office or registered agent, or both, in the State 	2 and 607.1508, Florida Statu of Florida, Such change was	utes the abor	ve-named cor by the corpora	rporation submits this statement for the pu	rpose of changing	its registered
agent. I am familiar with, and accept the obliga	itions of, Section 607.0505, F	Iorida Statute	OS.	and to blank of an octors. The only docept	are appearing on a	a registered
SIGNATURE						
Signature Typed or printed name of registeren age 12. OFFICERS ANI		TI Registered A	gent signature requ	uired wt en reinstating) ADDITIONS/CHANGES TO OFFICE	DC AND DUILOTO	DC IN 10
TITLE D 7 5	DELETE 111IIL			ADDITIONS/CHANGES TO OFFICE	Change	
NAME T, I,		1.2 NAME			v isingv	
STREET ADDRESS GOY KENNEN	1.2 NOWEL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE P, T, S KENNEN IZMACOWA FILE TO THE STATE OF TH	33HD	1.4 CITY - ST - ZIP				
TIFLE KEY WEST	DELETE	211111	31-211		Change	Addition
NAME	_	2 2 NAME				
STREET ADDRESS			1 ADDRESS			i
CITY - ST - ZIP		2 4 CiTY				
TITLE	DELETE	3 1 TITLE			Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3 3 STREE	1 ADDRESS			
City-St-ZIP		3.4. CIT				
TITLE	☐ DELETE	4.1 TrTLE			Change	Addition
NAME		4 2 NAM	f			
STREET ADDRESS		4.3 STREE	1 ADDRESS			
CITY-ST-ZIP		4.4 CITY	ST- ZIP			
TITLE	☐ OFLETE	5.1 TOLE			Change	Addition
NAME		5.2 NAME		20000220 -06/11/970103	5452	
STREET ADDRESS			.T ADDRESS	-Ub/11/3(UlU3	UU14	
CITY - ST - ZIP	Dritze.	5.4 CITY	ST-7IP	***165.00		77.000
THLE	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		6.2 NAM[es
STREET ADDRESS			T ADDRESS			6/4/97
City-St-ZiP 14. I do hereby certify that the information supplied	with this filing does not one	6.4 CITY -		ed in Section 119 07(3)(i) Horida Statutos	I further certify the	· ' '

4. 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 eath; 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 Bloop 13 if change 1, or on an attachment with an address.

SIGNATURE

4/24/0