

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L84114 (2)**  
1. Corporation Name  
**A1A - BUTCH BLAST, INC., A FLORIDA CORPORATION**



Principal Place of Business Mailing Address  
**P.O. BOX 395 SUGARLOAF KEY FL 33044** **P.O. BOX 395 SUGARLOAF KEY FL 33044**

3. Date Incorporated or Qualified **06/28/1990** 3a. Date of Last Report **08/11/1995**  
4. FEI Number **65-0210436** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**LEIGH-SCHUTT, ANNA J.  
17248 E. BONE FISH LN.  
SUMMERLAND KEY FL 33042-3666**

**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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/29/96**

**2. OFFICERS AND DIRECTORS**

1. TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
4. NAME	<b>SCHUTT, ROBERT CARLTON</b>	
5. STREET ADDRESS	<b>17248 E. BONEFISH LN.</b>	
6. CITY - ST - ZIP	<b>SUMMERLAND KEY FL 33042-3666</b>	
7. TITLE		<input type="checkbox"/> DELETE
8. NAME		
9. STREET ADDRESS		
10. CITY - ST - ZIP		
11. TITLE		<input type="checkbox"/> DELETE
12. NAME		
13. STREET ADDRESS		
14. CITY - ST - ZIP		
15. TITLE		<input type="checkbox"/> DELETE
16. NAME		
17. STREET ADDRESS		
18. CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 is in Block 12 or Block 13 if changed, or by an appointment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/96** 305-745-4120  
Date: \_\_\_\_\_ District Phone #: \_\_\_\_\_

CR2E034 (12/95)