

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 # **184584**

(1)

1. Corporation Name

GRIFFIN FLOORING COMPANY



Principal Place of Business

P.O. BOX 6567
W PALM BCH FL 33406

Mailing Address

P.O. BOX 6567
W PALM BCH FL 33406

3. Date Incorporated or Qualified

04/18/1955

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, 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

**SCHONBERG, JAMES
7529 CLARKE RD.
WEST PALM BEACH FL 33406**

4. FEI Number

59-0748711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

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 607.1506, 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 type: 2 printed names of persons together with their titles

NOTE: Registered Agent signature required when changing

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

**SCHONBERG, JAMES
7529 CLARKE RD
WEST PALM BEACH FL**

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE

D

**MILLER, JANET R
2601 BOUNDBROOK BLVD
WEST PALM BEACH FL**

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

TITLE

**MILLER, JANET R
2601 BOUNDBROOK BLVD
WEST PALM BEACH FL**

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE

**MILLER, JANET R
2601 BOUNDBROOK BLVD
WEST PALM BEACH FL**

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

**MILLER, JANET R
2601 BOUNDBROOK BLVD
WEST PALM BEACH FL**

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

**MILLER, JANET R
2601 BOUNDBROOK BLVD
WEST PALM BEACH FL**

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

14. I do 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, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SCHONBERG

2/14/96

DATE

Day, Date, Phone #

CR2E034 (12/95)