

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

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 851325 (1)
 1. Corporation Name:
GRIFFIN INDUSTRIES, INC.



Principal Place of Business 4221 ALEXANDRIA PIKE COLD SPRING KY 41076	Mailing Address 4221 ALEXANDRIA PIKE COLD SPRING KY 41076-1821
--	---

3. Date Incorporated or Qualified 12/18/1981	3a. Date of Last Report 03/26/1996
4. FEI Number 61-0563430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, DENNIS B	12 NAME	
STREET ADDRESS	4221 ALEXANDRIA PIKE	13 STREET ADDRESS	
CITY - ST - ZIP	COLD SPRING KY	14 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, STEVEN D.	22 NAME	
STREET ADDRESS	4221 ALEXANDRIA PIKE	23 STREET ADDRESS	
CITY - ST - ZIP	COLD SPRING KY	24 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JOHN	32 NAME	
STREET ADDRESS	4221 ALEXANDRIA PIKE	33 STREET ADDRESS	
CITY - ST - ZIP	COLD SPRING KY	34 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERANUS, LEONARD S (ASST)	42 NAME	
STREET ADDRESS	4221 ALEXANDRIA PIKE	43 STREET ADDRESS	
CITY - ST - ZIP	COLD SPRING KY	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, DAVID L	52 NAME	
STREET ADDRESS	4221 ALEXANDRIA PIKE	53 STREET ADDRESS	
CITY - ST - ZIP	COLD SPRING KY	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. 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 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: *Steven D. Blair* **REQUIRE** **STEVEN D. BLAIR** **606-781-2010**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)