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

CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 851325



## **Katherine Harris**

Secretary of State

## **PROFIT** FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90012 037 \*\*\*150.00

GRIFFIN	INDUSTRIES, INC.									
Principal Place of Business Mailing Address					I	i fålilli i bråt milet rinna frite			(EI) BIBII \$881	
4221 ALEXANDRIA PIKE 4221 ALEXANDRIA PIKE										
COLD SPRING KY 41076 COLD SPRING KY 41076					DO NOT WRITE IN THIS SPACE					
					3. Date	Incorporated or Qualifed				
					1	8/1981				
2. Principal P	lace of Business	2a. Mailing Address			4. FEIN			Ap	plied For	
21		26			61-0	<b>563430</b>	7.2.25	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certif	cate of Status Desired		\$8.75 A		
22		27			<b>0.</b> 0			Fee Re	<del></del>	
City & State		City & State				on Campaign Financing	' <sub>□</sub>	\$5.00		
23		Zip Country				Fund Contribution		Added t	o rees	ł
Zip	Country	Zip	30	шу		corporation owes the cu onal Property Tax.	rrent year inta	angible Yes	□No	
24	9. Name and Address of Current	29 Registered Agent	1301			e and Address of New	Registered /			
	5. Haire and readings of partiette		81 Name							
CT (	CORPORATION SYSTEM		}	92 Street Add	droop (D.O. Do	ox Number is Not Accep	table)			ł
	S. PINE ISLAND ROAD			82 Street Add	iless (F.O. DC	X Mullipal is Mot Accep	lable			
PLAI	NTATION FL 33324		1	83						
			}	84 City				85 Zip (	Code	1
							FL	.		
agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND	ons of, Section 607,0505, Flo and title if applicable (NOTE DIRECTORS	nda Statu	tes. Agent signature requir	red when reinstating		DATE	ID DIRECTO	RS IN 12	4 /00)
TITLE	P	☐ DELETE 1.11		_E				Change	☐ Addition	7
NAME	GRIFFIN, DENNIS B	•		WE						6
STREET ADDRESS	4221 ALEXANDRIA PIKE			REET ADDRESS						Ĺ
CITY-ST-ZIP	COLD SPRING KY			Y-ST-ZIP				Change	Addition	5
TITLE	I DI AID CTEVEN D	- Defeat	2.1 TIT	j						
NAME	Blair, steven D. 4221 Alexandria Pike	2.2 N		REET ADDRESS						
STREET ADDRESS	COLD SPRING KY			ry-ST-ZIP						
CITY-ST-ZIP TITLE	V	DELETE 3.1 TI				<del></del>		Change	Addition	
NAME	GRIFFIN, JOHN		3.2 NA							
STREET ADDRESS	4221 ALEXANDRIA PIKE		1	REET ADDRESS						
CITY-ST-ZIP	COLD SPRING KY		1	Y-ST-ZIP						
TITLE	S	· DELETE	4.1 TIT	LE ^ 5				Change	☐ Addition	1
NAME -	MERANUS, LEONARD S (ASST	, –	-4. 2 NA	ME - ST	dimine	exandria P				-
STREET ADDRESS	4221 ALEXANDRIA PIKE		4.3 STI	REET ADDRESS 4	221 A1	exameria P	ike			
CITY-ST-ZIP	COLD SPRING KY		4 4 CIT	Y-ST-ZIP C	01d Sp.	ring, Ky 41	076			
TITLE	D	☐ DELETE	5.1 TIT					Change	☐ Addition	1
NAME	HOLT, DAVID L									
STREET ADDRESS	4221 ALEXANDRIA PIKE			REET ADDRESS						
CITY-ST-ZIP	COLD SPRING KY	——————————————————————————————————————		Y-ST-ZIP					☐ Additio=	┨.
TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition	}
NAME			6.2 NA							
STREET ADDRESS			6.3 STI	REET ADDRESS						1

14. I 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUARSteven D. Blair

(606) 781-2010