

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90040 039 ***150.00

DOCUMENT # 851325

1. Entity Name
GRIFFIN INDUSTRIES, INC.

B0020512



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4: FEI Number Applied For
61-0563430 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, DENNIS B		NAME	<i>Griffin, Dennis B.</i>	
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS	<i>4221 Alexandria Pike</i>	
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP	<i>Cold Spring, KY 41076</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, STEVEN D.		NAME		
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS		
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JOHN		NAME	<i>Griffin, John</i>	
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS	<i>4221 Alexandria Pike</i>	
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP	<i>Cold Spring, KY 41076</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIMINE, LOUIS F		NAME		
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS		
CITY-ST-ZIP	COLD SPRING KY 41076		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, DAVID L		NAME		
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS		
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1/31/00 (606) 781-2010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)