

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 227835 (6)

1. Corporation Name
BEN HILL GRIFFIN, INC.



Principal Place of Business
**700 SOUTH ALT U S 27
P O BOX 127
FROSTPROOF FL 33843**

Mailing Address
**700 SOUTH ALT U S 27
P O BOX 127
FROSTPROOF FL 33843**

3. Date Incorporated or Qualified
09/10/1959

3a. Date of Last Report
03/28/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-0585518

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

9. Name and Address of Current Registered Agent

**BARROW, J.C. JR.
700 SOUTH ALT U S 27
FROSTPROOF, FL
33843**

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 (typed or printed name of registered agent or, if not applicable, _____)

(NONE: Registered Agent's signature required when not stating _____)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
DE ANTONIO, NORMA J
929 N. RIVERDALE ROAD
AVON PARK, FL 00000**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDV
ALEXANDER, JOHN R
327 SUNSET RD
FROSTPROOF, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
GRIFFIN, B.H., III
1317 N. LAKE REEDY BLVD.
FROSTPROOF, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BARROW, J.C. JR.
831 OSCELA AVENUE
LAKE WALES, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**VD
GRIFFIN IV, BEN HILL
2600 N LAKE REEDY BLVD.
FROSTPROOF, FL 33843**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**S
RESPRESS, DONNA H.
801 CLINCH LAKE BLVD.
FROSTPROOF, FL 33843**

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**D
K. E. HARTSAW
2003 COUNTRYSIDE CIRCLE N
ORLANDO, FL 32804**

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. H. Griffin, III - Chairman & President

4/29/96 (941) 635-2251
Date Daytime Phone

CR2E034 (12/95)