FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 23 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 # **227835** **(6)**

1. Corporation Name
BEN HILL GRIFFIN, INC.

Principal Place of Business	Mailing Address
700 SOUTH ALT U S 27 P O BOX 127 FROSTPROOF FL 33843	700 SOUTH ALT U S 27 P O BOX 127 FROSTPROOF FL 33843-0127

3. Date Incorporated or Qualified: **09/10/1959**
3a. Date of Last Report: **05/01/1996**

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 _____ DATE
Signature, typed or printed, of the new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AST	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DE ANTONIO, NORMA J		12 NAME	
STREET ADDRESS	929 N. RIVERDALE ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 00000		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, BEN HILL IV		22 NAME	
STREET ADDRESS	2600 N. LAKE REEDY BLVD.		23 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000		24 CITY-ST-ZIP	
TITLE	CPD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, B.H., III		32 NAME	
STREET ADDRESS	1317 N. LAKE REEDY BLVD.		33 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000		34 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BARROW, J.C. JR.		42 NAME	
STREET ADDRESS	831 OSCELA AVENUE		43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000		44 CITY-ST-ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	RESPRESS, DONNA H.		52 NAME	
STREET ADDRESS	801 CLINCH LAKE BLVD		53 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	HARTSAW, K.E.		62 NAME	
STREET ADDRESS	2003 COUNTRYSIDE CIRCLE N.		63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		64 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 1/13/97 (941) 635-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #