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Feb 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 227835

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified.

09/10/1959

2. Principal Place of Business

21 700 SOUTH ALT U S 27

2a. Mailing Address

26 P. O. BOX 127

4. FEI Number

59-0585518

Applied For

Not Applicable

Suite, Apt. #, etc.

22
City & State
23 FROSTPROOF, FLORIDA

Suite, Apt. #, etc.

27
City & State
28 FROSTPROOF, FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
33843

Country

29 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ 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 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	AST ☐ DELETE	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	DE ANTONIO, NORMA J	1.2 NAME	HENDRY, LLOYD G
STREET ADDRESS	929 N. RIVERDALE ROAD	1.3 STREET ADDRESS	14621 ORANGE RIVER ROAD
CITY-ST-ZIP	AVON PARK, FL 00000	1.4 CITY-ST-ZIP	FT. MYERS, FLORIDA 33905
TITLE	VD ☐ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	GRIFFIN, BEN HILL IV	2.2 NAME	GRIFFIN, BEN HILL IV
STREET ADDRESS	2600 N. LAKE REEDY BLVD.	2.3 STREET ADDRESS	1 BRACRES LANE
CITY-ST-ZIP	FROSTPROOF, FL 00000	2.4 CITY-ST-ZIP	FROSTPROOF, FLORIDA 33843
TITLE	CPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, B.H., III	3.2 NAME	
STREET ADDRESS	1317 N. LAKE REEDY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARROW, J.C. JR.	4.2 NAME	
STREET ADDRESS	831 OSCELA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RESPRESS, DONNA H.	5.2 NAME	
STREET ADDRESS	801 CLUNCH LAKE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HARTSAW, K.E.	6.2 NAME	
STREET ADDRESS	2003 COUNTRYSIDE CIRCLE N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

01/26/99 (941)635-2251

Date

Daytime Phone #

CR2E034 (11/98)