2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 227835

1. Entity Name
BEN HILL GRIFFIN, INC.

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

01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0585518
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HURST, STEWART W
700 SOUTH ALT U S 27
FROSTPROOF, FL 33843

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	HURST, STEWART W
STREET ADDRESS	335 SCENIC HWY
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	PD
NAME	GRIFFIN, BEN HILL IV
STREET ADDRESS	1 BRACRES LANE
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	CD
NAME	GRIFFIN, B.H., III
STREET ADDRESS	1317 N. LAKE REEDY BLVD.
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	D
NAME	HENDRY, LLOYD
STREET ADDRESS	14631 ORANGE RIVER RD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	S
NAME	RESPRESS, DONNA H.
STREET ADDRESS	801 CLINCH LAKE BLVD
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	VD
NAME	MOONEY, GENE
STREET ADDRESS	1139 S. LAKE REEDY BLVD
CITY-ST-ZIP	FROSTPROOF, FL 33843

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04/02/04-80010-005 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/31/04 863-635-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEWART W. HURST