

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 13 AM 11:55

**DOCUMENT # 243251 (6)**

1. Corporation Name  
**GRIFFIN BROTHERS CO., INC.**

Principal Place of Business Mailing Address  
2650 SW 196 AVE. 2650 SW 196 AVE.  
FT. LAUDERDALE FL 33332 FT. LAUDERDALE FL 33332

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/28/1960  
3a. Date of Last Report 02/11/1994

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number 59-0915851 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  
**GRIFFIN, RICHARD A JR  
13700 SW 16TH ST  
DAVIE FL 33325**

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS |                        |
|----------------------------|------------------------|
| TITLE                      | P                      |
| NAME                       | GRIFFIN, RICHARD A JR. |
| STREET ADDRESS             | 13700 SW 16TH STREET   |
| CITY - ST - ZIP            | DAVIE FL               |
| TITLE                      | ST                     |
| NAME                       | GRIFFIN, TIMOTHY P     |
| STREET ADDRESS             | 10141 SW 16TH PLACE    |
| CITY - ST - ZIP            | DAVID FL               |
| TITLE                      | VP                     |
| NAME                       | GRIFFIN, DANIEL D SR.  |
| STREET ADDRESS             | 13730 SW 16TH STREET   |
| CITY - ST - ZIP            | DAVIE FL               |
| TITLE                      | VP                     |
| NAME                       | GRIFFIN, HOWARD A JR.  |
| STREET ADDRESS             | 14299 SW 31ST CT       |
| CITY - ST - ZIP            | DAVID FL               |
| TITLE                      |                        |
| NAME                       |                        |
| STREET ADDRESS             |                        |
| CITY - ST - ZIP            |                        |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY - ST - ZIP                                   |   |

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 110.07(3)(b), 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 all attachments with an address.

SIGNATURE: *[Signature]* 2/11/95 (305) 389-0003  
DATE: \_\_\_\_\_