## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 365098

(3)

## STORY REVIOUS ST PLANT CITY FL 33567  2. Principal Place of Business   2a						
PLANT CITY FL 33967 PLANT CITY FL 339674138  3. Date Incorporated or Qualified 0/06/04/1970 04/23/1998 04/23/1998 05/1205827 06/04/1970 04/23/1998 05/1205827 06/04/1970 04/23/1998 05/1205827 06/04/1970 04/23/1998 05/1205827 06/04/1970 04/23/1998 05/1205827 06/04/1970 04/23/1998 05/1205827 06/04/1970 06/04/1	Principal Plac	ce of Business	Mailing Address	<u>"    / ' /                                    </u>	- I INDIAN IIHAL BHAN BANK DOLAR KUMP IDAN	OLDA DIOLI BIDII BIDII DIOLI BILAH IDRI
2. Principal Place of Business						
Suite, Apt. #, etc.  City & State  Ci						3a. Date of Last Report 04/23/1996
Suite, Apt. #, etc.    Suite, Apt. #, etc.	·····	Place of Business				Applied For
22   City & State   C		# oto	<del></del>		59-1295827	Not Applicable
City & State  28  City & State  28  City & State  29  Country  29  20  Country  29  20  20  Entrie Country  29  20  Entrie Country  29  20  Entrie Country  29  20  Entrie Country  29  Entrie Country  Entrie		. n, 610.	<del></del>		<ol><li>Certificate of Status Desired</li></ol>	Fee Required
Zip   Country   Zip   Country   Zip   Country   S. This corporation has liability for intangible tax under s. 199   Florida Statutes   S. Trees   No		le			6. Election Campaign Financing	\$5.00 May Be
28						Added to Fees
GRIFFIN, THOMAS JUTSON 1709 MARSHALL DRIVE PLANT CITY FL 33566  14		<b></b> η	<del> </del>	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for it	ntangible tax under s. 199.032,
GRIFFIN, THOMAS JUTSON 1709 MARSHALL DRIVE PLANT CITY FL 33566  83  64 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the aboven ammed corporation submits this statement for the purpose of changing its reg 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 regis agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, systed or printed runne of registered agent and like 4 applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE STREET ADDRESS  CITY-S1-ZP  PLANT CITY FL  DELETE  1.1 TITLE  Change  Change  Change  Change  Change  Change  Change  Change  THE  S  DELETE  3.1 TITLE  3.2 SHREET ADDRESS  CITY-S1-ZP  PLANT CITY FL  DELETE  3.3 SHREET ADDRESS  CITY-S1-ZP  PLANT CITY FL  3.3 SHREET ADDRESS  TO BURCHWOOD AVE  2.4 CITY-S1-ZP  PLANT CITY FL  3.3 SHREET ADDRESS  17 BURCHWOOD AVE  4.4 CITY-S1-ZP  PLANT CITY FL  Change  C	[4]			[30]		
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 region 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, and lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typind or privior name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)	GR	······································		81 Name		
PLANT CITY FL 33566  83  84 City FL 85 Zip Code  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 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 registagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature: Spend or prelad rame of registered agent and ble if applicable. (NOTE: Registered Agent agrituare required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE  MAME  GRIFFIN, TERRIS  12 NAME  STREET ADDRESS  508 E. DREW STREET  PLANT CITY FL  14. CITY-ST-ZIP  ITILE  GRIFFIN, THOMAS M.  17 BURCHWOOD AVE  PLANT CITY FL  10 DELETE  11 TITLE  1 Change  CHANGE  GRIFFIN, SHELA D.  18 STREET ADDRESS  CITY-ST-ZIP  FUNCTION SHELL D.  18 STREET ADDRESS  CITY-ST-ZIP  TITLE  GRIFFIN, SHELLA D.  18 STREET ADDRESS  CITY-ST-ZIP  DELETE  18 STREET ADDRESS  CITY-ST-ZIP  TITLE  GRIFFIN, SHELLA D.  18 STREET ADDRESS  CITY-ST-ZIP  TITLE  Change				82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature:	PLA	ANT CITY FL 33566			and the second	107
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 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Chan				83		
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 registration of the provisions of specific 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 registagent and the complex of the provision of section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  MAME  GRIFFIN, TERRIS  STREET ADDRESS  STREET ADDRESS  CITY-S1-ZIP  PLANT CITY FL  DELETE  1.1 STREET ADDRESS  SIRRET ADDRESS  SIRRET ADDRESS  CITY-S1-ZIP  PLANT CITY FL  DELETE  3.1 STREET ADDRESS  CITY-S1-ZIP  PLANT CITY FL  DELETE  3.2 STREET ADDRESS  CITY-S1-ZIP  PLANT CITY FL  DELETE  3.3 TITLE  Change  CHY-S1-ZIP  PLANT CITY FL  DELETE  3.3 STREET ADDRESS  CITY-S1-ZIP  PLANT CITY FL  DELETE  3.4 CITY-S1-ZIP  Change  Change  CHY-S1-ZIP  PLANT CITY FL  DELETE  3.4 CITY-S1-ZIP  Change  Change  CHY-S1-ZIP  PLANT CITY FL  DELETE  3.4 CITY-S1-ZIP  Change  Change  CHY-S1-ZIP  PLANT CITY FL  DELETE  3.4 CITY-S1-ZIP  Change  Change  CHY-S1-ZIP  PLANT CITY FL  DELETE  3.4 CITY-S1-ZIP  Change  Change  CHY-S1-ZIP  Change  Chang				84 City		85 Zip Code
SIGNATURE    Signature, typind or protect rangestered agent and bite of applicable.   (NOTE: Registered Agent aignature required when reinstating)   DATE	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the above-named co	propration submits this statement for the pr	
SIGNATURE    Signature, typind or protect rangestered agent and bite of applicable.   (NOTE: Registered Agent aignature required when reinstating)   DATE	office or e	registered agent, or both, in the Stat	e of Florida, Such change was nations of Section 607 0505	is authorized by the corpor	ration's board of directors. I hereby accep	t the appointment as registered
Signature, typed or perhad runne of registered agent and bite 4 applicable   (NOTE: Registered Agent eignature required when reinstating)   DATE			ganono or, obotion our, ocoo,	rional Glassics.		
DELETE   1.1 TITLE   Change					· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS   SOR E. DREW STREET   1.3 STREET ADDRESS   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP					ADDITIONS/CHANGES TO OFFICE	
STREET ADDRESS   DREW STREET			ריין מנונונ			Change Addition
DELETE   1.4 CITY-ST-ZIP   DELETE   1.4 CITY-ST-ZIP   DELETE   D		•				
T						
17 BURCHWOOD AVE   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP		1	☐ DELETE			Change Addition
CITY-S1-ZIP	NAME	GRIFFIN, THOMAS M.		2.2 NAME	•	
TITLE	STREET ADDRESS	17 BURCHWOOD AVE		2.3 STREET ADDRESS		
NAME   GRIFFIN, SHEILA D.   3.2 NAME	CITY-S1-2IP			2. 4 CITY - ST - ZIP		
STREET ADDRESS CHY-ST-ZIP TITLE  17 BURCHWOOD AVE. 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP THE V DELETE 4.1 TITLE Change		<del>-</del>	DELETE	3.1 TITLE		☐ Change ☐ Addition
CHY-ST-ZIP						
TITLE V DELETE 4.1 TITLE Change						
			DELETE			Change Addition
NAME GRIFFIN, TIMOTHY L 4.2 NAME		, ·				first comition first recomment
STREET ADDRESS 506 E DREW ST 4.3 STREET ADDRESS						
CITY-ST-ZIP PLANT CITY FL 4.4 CITY-ST-ZIP						
	TITLE	1 -	DELETE	5.1 TITLE		Change Addition
NAME GRIFFINE. THOMAS J 5.2 NAME	NAME	GRIFFINE, THOMAS J		5.2 NAME		
	STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS 1709 MARSHALL DRIVE 5.3 STREET ADDRESS		PLANT CITY FL	Dr. man	5.4 CITY-ST-ZIP		<b></b>
STREET ADDRESS 1709 MARSHALL DRIVE 5.3 STREET ADDRESS CITY-S1-ZIP PLANT CITY FL 5.4 CITY-S1-ZIP	HILL		□ DETE IF	a i		Change L Addition
STREET ADDRESS 1709 MARSHALL DRIVE 5.3 STREET ADDRESS CITY-S1-ZIP PLANT CITY FL 5.4 CITY-S1-ZIP	RIABSE					

6.4 CITY-ST-ZIP

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 2 -11 -97

813 659 2667

**FILED** 

Feb 18 1997 8:00am

Secretary of State