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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 376097

(2)

GRIFFIN PROPERTIES, INC.

Principal Place of Business Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address					T					
4231 BAY TO BAY BLVD TAMPA FL 33629		4807 BEACH PARK DRIVE	4807 BEACH PARK DRIVE										
		TAMPA FL 33609					DO NOT WRITE IN THIS SPACE						
						<u> </u>	3. Date Incorporated or Qualified						
							01/25/1	•					
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Numb				A	pplied For	
21		26	26				59-1313406					lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate		nirod			Additional	
22		27					5. Certificate	o Status De	SIIOO		Fee F	Required	
City & State	9	City & State	├¬ ´				6. Election C	ampaign Fini	ancing) May Be	
23	28									I to Fees			
Zip	Country	Ζφ	·	untry	'		8. This corpo			_			
24	25 Name and Address of Curre	nt Registered Agent	30	0]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent						
		iii negisteren Agent		61	Nam		U. ITEITIO AIII	u Audioss U	14011110	gistorou	- goilt		
GRIFFIN, BARBARA B													
	7 BEACH PARK DRIVE			62	Stree	et Address	(P.O. Box Ñu	imber is Not	Acceptab	le)			
IAN	MPA FL 33609			83				•					
				Ш							· · · · · · · · · · · · · · · · · · ·		
				84	City					FL	B5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statut	es, the a	bove	lamı ∋-namı	ed corporat	tion submits t	his statemen	t for the p	urpose 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, typod or printed name of trigestreed agent and title if applicable (NOTE: Be 12. OF FICERS AND DIRECTORS					ni aigilai	кые гединей мг		S/CHANGES	TO OFFIC		DIRECTO	RS IN 12	
TITLE	PD DELETE			13. 1.1 TITLE			7,007,10140	3,0.0.0			Change	Addition	
NAME	GRIFFIN, BARBARA B		1.2 NAME										
STREET ADDRESS	4807 BEACH PARK DRIVE		1.3 STREET AC			SS							
CITY-ST-ZIP	TAMPA FL 33609		1.4 C										
TITLE	Ď	DELETE	DELETE 2.1 T		1 TITLE						Change	Addition Addition	
NAME	GRIFFIN, RODNEY L II		2.2 N		2.2 NAME								
STREET ADDRESS	4227 BAY TO BAY BLVD		2.3 5		2.3 STREET ADDRESS								
CITY-ST-ZIP	TAMPA FL 33624				(-ST-ZIP								
TITLE	Ď	DELETE DELETE		3.1 TITLE								Addition	
NAME	GRIFFIN, ROBERT L				3.2 NAME								
STREET ADDRESS	4231 1/2 BAY TO BAY BLVD				ADDRES	SS							
CITY-ST-ZIP	Doc. or a			3.4 CITY-ST-ZIP 4.1 TITLE							Change	Addition	
TITLE						1					- CHARRIGE	LT Vacional	
NAME				NAME TOTET	ADDDCO								
STREET ADDRESS	71 TO COLLEGE OF THE TOTAL OF T				ADDRES	20							
CITY-ST-ZIP TITLE	SAN FRANCISCU CA 84 123	DELETE	5.1 7	ITY-S	1 - ZIP				··	··· ·····	Change	Addition	
NAME													
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CITY-ST-ZIP				ITY-S		~							
TITLE		DELETE						<u></u>			☐ Change	Addition	
NAME				6.2 NAME							•		
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CITY-ST-ZIP			- 1	HTY-S									
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14. I hereby certify that the information supplied with this filling 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.