1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 376097

1. Corporation Name

GRIFFIN PROPERTIES, INC.

**FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90091 039 \*\*\*150.00



						I BIBI) BIBII BIBI) BIBII IBBI	
Principal Place of Business Mailing Address					<u>,</u>		
4231 BAY TO BAY BLVD 4807 BEACH PARK DRIVE							
TAMPA FL 33629 TAMPA FL 33609					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
		·			01/25/1971	ļ	
0.0	II of Business	2a. Mailing Address			4. FEI Number	Applied For	
· ·	lace of Business	<del></del>			59-1313406	Not Applicable	
21		Suite, Apt. #, etc.			35-13 13400	\$8.75 Additional	
					5. Certifcate of Status Desired	Fee Required	
22		27				<del></del> _	
•	City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28	Cauatan		Trust Fund Contribution		
Zip			¬ ' ' '		8. This corporation owes the current year Intangible  Personal Property Tax  Personal Property Tax		
24	25	29 30	<u> </u>		T disdital Troporty Tax:		
<b> </b>	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered A	Jeni,	
CDI	TEINI DADDADA D		61	Name			
GRIFFIN, BARBARA B			82	Street Address (P.O. Box Number is Not Acceptable)			
4807 BEACH PARK DRIVE							
TAMPA FL 33609			83				
			84	City		85 Zip Code	
			1	1 '	FL     '		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpose of cron's board of directors. I hereby accept the appoint	nanging its registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	orized by Statutes	the corporati	on's board of directors, I hereby accept the appoint	neni as registered	
_	in lamiliar with, and accept the oblige	31013 01, 0001011 001.0000, 1 101101		•		.5	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Ager	nt signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PD.	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	GRIFFIN, BARBARA B		1.2 NAME			\	
STREET ADDRESS	4807 BEACH PARK DRIVE		1,3 STREET	TADORESS			
	TAMPA FL 33609		1,4 CITY-S	1			
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	1-21-			
[	GRIFFIN, RODNEY L II			l l		Change Addition	
NAME	JOST DAY TO DAY DIVE				W-P-11	Change Addition	
STREET ADDRESS	AZZI DAI ILI DAI DIVIJ		2.2 NAME	* 1000000		Change Addition	
CITY-ST-ZIP	1		2.2 NAME 2.3 STREET	T ADDRESS		Change Addition	
l title	TAMPA FL 33624	·	2.2 NAME 2.3 STREET 2.4 CITY-S		·		
\	TAMPA FL 33624	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE		·	Change Addition	
NAME	TAMPA FL 33624 D GRIFFIN, ROBERT L	·	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ST-ZIP	·		
ì	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD	·	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME		·		
NAME	TAMPA FL 33624 D GRIFFIN, ROBERT L	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	TADDRESS		Change Addition	
NAME STREET ADDRESS	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD	·	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	TADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD TAMPA FL 33629	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	TADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD TAMPA FL 33629  D GRIFFIN, BROOKS C	☐ DELETE	22 NAME 23 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	TADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD TAMPA FL 33629  D GRIFFIN, BROOKS C	☐ DELETE	22 NAME 23 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP O G T ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD TAMPA FL 33629  D GRIFFIN, BROOKS C 1746 GREEN ST., APT B	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS ST-ZIP O G T ADDRESS	riffin, Brooks C. 140 25th St. A	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD TAMPA FL 33629  D GRIFFIN, BROOKS C 1746 GREEN ST., APT B	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T ADDRESS ST-ZIP O G T ADDRESS		Change Addition  Change Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD TAMPA FL 33629  D GRIFFIN, BROOKS C 1746 GREEN ST., APT B SAN FRANCISCO CA 94123	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP O G T ADDRESS		Change Addition  Change Addition  Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL 33624  D GRIFFIN, ROBERT L 4231 1/2 BAY TO BAY BLVD TAMPA FL 33629  D GRIFFIN, BROOKS C 1746 GREEN ST., APT B SAN FRANCISCO CA 94123	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS T-ZIP T-ZIP T ADDRESS		Change Addition  Change Addition  Addition	

CITY-ST-ZIP 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 chapter 607, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY+ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Addition

☐ Change