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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 09 1997 8:00am Secretary of State

DOCUMENT # 421970 (5) GRIFFIN FUNDING, INC.  Principal Place of Business Mailing Address											
Principal Place of Business 2801 IN PENINSULA AVE NEW SMYRNA BEACH FL 32169			2601	Mailing Address  2601 N PENINSULA AVE NEW SMYRNA BEACH FL 32169-2068			r nesth elste west kiels (still (65% off) elsti blok bleit sidt Bibli elsti thes				
								3. Date incorporated or Qualified 03/26/1973		te of Last F )1/1996	Report
. Principal Place of Business			<b>├</b> ──┐	2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 59-1584265		h-17	pplied For lot Applicable	
Suite, Apt. #, etc.							Certificate of Status Desired	П	\$8.75 Additional		
City & St	aho		27	City & State							lequired
			28	Ony or Ondition				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζιρ		Country	J1	Zip		Country	7	8. This corporation has liability for	r intangible		s. 199.032,
4 25 25 9. Name and Address of Curre GRIFFIN, LONNIE E			[29] ent Registe	ered Agent	<del></del>	[30]	<del>~~~~~~~~~~</del> ~~~~	Florida Statutes  10. Name and Address of New R			<del></del>
						81	Name				
	01 N.PENINSUI			•		82	Street Add	lress (P.O. Box Number is Not Accepta	able)		
NE	W SMYRNA BO	AH. FL 32109				83		·····			
						84	City			<b>85</b> Zip	Code
									FL		
		ns of Sections 607.05 it, or both, in the Stat and accept the obli	502 and 60 te of Florid igations of,	07.1508, Flor la: Such cha , Section 60	rida Statut ange was a 7.0505, Fk	es, the abov authorized by orida Statute	e-named cor y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acco	purpose of ept the appo	changing ointment as	its registered s registered
1. Pursua office o agcni SIGNATUR 12.	E	ns of Sections 607.05 II, or both, in the Stat and accept the obli- posted pane of registered a OFFICERS A	igen: and tile if	fappicable.				poration submits this statement for the tion's board of directors. I hereby account ared when reinstating)  ADDITIONS/CHANGES TO OFF	purpose of ept the appo	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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