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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

440765

(6)

DOCUMENT #
1. Corporation Name

GRIFFIS, E.T., SON, INC.

•									
Principal Place of Business 321 E MAIN STR WEST UNIT DUNDEE FL 33838 US		Mailing Address 1007 Valentina DR PO BOX 1864 DUNDEE FL 33838-4401							_,
		U\$	U\$		 Date incorporated or Qualified 12/31/1973 	3a. (Date of Last Report 04/26/1995 		
2. Principal Pla	ce of Business	2a. Mailing Address	i. Mailing Address		4. FET Number 59-1501577	L	Applied For Not Applicable		_
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Cert-ficate of Status Desired		\$8.75	Additional Required	
City & State		Orty & State	Orty & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be	
Zip 24	Country 25	Ζφ 29	Country 30		8. This corporation has liability for Florida Statutes	r intangib es ∑ No	le tax under s		
	9. Name and Address of Curren	t Registered Agent		· · · · · · · · · · · · · · ·	10. Name and Address of New	Register	ed Agent		_]
ODITE	A 14014F)			81 Name					
GRIFFI 1007 V		Ī		ddress (P.O. Box Number is Not Accept	able)			_	
DUNDE	EE FL 33838			83					
				84 City			. 85 Zır	Code	-
44 0	the are initiate of Continue COZ 0500					<u> </u>	• L	esistered effec	_
or registere familiar with	of the provisions of Sections 607.0502 and agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authorion 607.0505, Florida Statuti	ized by the a es.	corporation's b	poration submits this statement for the p poard of directors. I hereby accept the ap	pointmen	t as registered	agent. ⊧am	'
SIGNATURE .									
12.	Signature, typed or printed name of registered agent and title if application (NO) OFFICERS AND DIRECTORS			Agent signature no	juisat valiou renstarnyi ADDITIONS/CHANGES TO OI	DAT FICERS A		RS IN 12	- (36
TETLE	PD OFFICERS AND	DELETE	13.	ITHE	ADDITIONS/GRANGES TO O			Addition	- 2
NAME	GRIFFIS, MICKIE L 1007 VALENTINA DRIVE		12 N						CR2E034 (12/
STREET ADDRESS				TREET ADDRESS					
C-TY-ST-ZIP	DUNDEE FL		1.4 0	TY-ST-ZiP					72
TITLE	SD	DELETE		ITLE			Change	Addition	่∣อ
NAME	GRIFFIS, JUDY		22 N	AME				_	
STREET ADDRESS	1007 VALENTINA DRIVE		235	FREET ADDRESS					
CITY-S!-ZIP	DUNDEE FL		2 4 C	TY-ST-ZIP					
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NAME			3.2 N	AME					
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NAME			4 2 N	AME					ļ
STREET ADDRESS			438	THEET ADDRESS					
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NAME			5.2 N	AME					İ
STREET ADDRESS			535	TREET ADDRESS					1
CITY - ST - ZIP				11Y - \$1 - ZIP					
TITLE		, DELETE	6 1 1	ITLE			Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6 3 S	IREE LADDRESS					
CITY - ST - ZIP				ITY - ST - ZIP					_
14. I do hereby	y certify that the information supplied v	with this filing is voluntarily fu	irnished and	does not qual	ify for the exemption stated in Section 1	9.07(3)(k)	, Florida Statut	es. I turther	- 1

To the early that the information included 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.

SIGNATURE:

CHATURE AND TYPED ON PRINTED NAME OF SIGNING OF ACER OR DIRECTOR

3_21-96 (941) 439-3605

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