

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:57

DOCUMENT # **455575** (1)
1. Corporation Name
GRIFFIN FURNITURE COMPANY

Principal Place of Business Mailing Address
101 S. ADAMS STREET **101 S. ADAMS STREET**
P O BOX 345 **P O BOX 345**
QUINCY FL 32351 **QUINCY FL 32351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/01/1974** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-1536286** Applied For
Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address	22	22. Suite, Apt. #, etc.	27	27. Suite, Apt. #, etc.	23	23. City & State	28	28. City & State	24	24. Zip	25	25. Country	29	29. Zip	30	30. Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent						
GRIFFIN, RUBY T PO BOX 345 516 W FRANKLIN ST QUINCY FL 32351										B1	Name					
										B2	Street Address (P.O. Box Number is Not Acceptable)					
										B3						
										B4	City		FL	B5	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 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES CARLTON	1.2 NAME	
STREET ADDRESS	3866 LONGLEAF ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINER, LARRY D.	2.2 NAME	
STREET ADDRESS	STAR RT 1 BOX 1441	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, RUBY	3.2 NAME	
STREET ADDRESS	516 W. FRANKLIN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	QUINCY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: **RUBY T. GRIFFIN** 1-12-95 904-627-6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area)