

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **455575** (1)

1. Corporation Name  
**GRIFFIN FURNITURE COMPANY**



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

3. Date Incorporated or Qualified: **07/01/1974** 3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-1536286** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Subj. Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Subj. Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**GRIFFIN, RUBY T  
PO BOX 345  
516 W FRANKLIN ST  
QUINCY FL 32351**

10. Name and Address of New Registered Agent  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0500 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 607.0405, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>P</b>	<input type="checkbox"/> DELETE
2. NAME	<b>GRIFFIN, JAMES CARLTON</b>	
3. STREET ADDRESS	<b>3866 LONGLEAF ROAD</b>	
4. CITY, ST., ZIP	<b>TALLAHASSEE FL</b>	
5. TITLE	<b>V</b>	<input type="checkbox"/> DELETE
6. NAME	<b>GRINER, LARRY D.</b>	
7. STREET ADDRESS	<b>STAR RT 1 BOX 1441</b>	
8. CITY, ST., ZIP	<b>TALLAHASSEE FL</b>	
9. TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
10. NAME	<b>GRIFFIN, RUBY</b>	
11. STREET ADDRESS	<b>516 W. FRANKLIN ST.</b>	
12. CITY, ST., ZIP	<b>QUINCY FL</b>	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST., ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 119.07(3)(k), 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 J. Griffin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jan. 27, 96 904-627-6890

CR2E034 (12/95)