

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 32351-3103

3. Date Incorporated or Qualified: 07/01/1974  
3a. Date of Last Report: 02/02/1996  
4. FEI Number: 59-1536286  
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 (21-24)  
2a. Mailing Address (25-30)

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 (81-85)

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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for P GRIFFIN, JAMES CARLTON and V GRINER, LARRY D.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Contains rows 1.1 through 6.4.

14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE: Ruby T. Griffin January 8, 1996 (904) 627-6820

CR2E034 (9/96)