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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(0)

Mailing Address

JAMES L. GRIFFIN, D.D.S., P.A.

SIGNATURE:

FILED Feb 25 1997 8:00am Secretary of State



(904) 733-4200

6802 ST, AUGUSTINE RD. JACKSONVILLE FL 32217		6802 ST. AUGUSTINE RD. Jacksonville fl 32217-2818						
					3. Date Incorporated or Qualified 10/01/1978	3a. Date o	of Last Ro 3/1996	
2. Priocipa! Pla	ace of Business	2a. Mailing Address			4. FEI Number			plied For
21 Suite, Apt. (26			59-1849621			t Applicable
22		Suite Apt. #, etc.			5. Certificate of Status Desired		Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24]	Country 25		Country 30		8. This corporation has liability for in Florida Statutes	ntangible tax Yes 🔲 N		. 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Age	nt	
	FFIN, JAMES L.		81	Name				
6802 ST. AUGUSTINE RD.			82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
JAC	KSONVILLE, FL H 32217							
			83					
			84	City		FL 8	5 Zip (Code
office or re agent. Lar SIGNATURE	ig sterod agent or both, in the Stale ii fam far with, and accept the obligs	of Florida, Such change was a itions of, Section 607.0505, Flo	uthorized b rida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	ot the appoint	inging its ment as	s registered registered
	Signature ity, it discipini led name of registreed age			ent signature requi	red when reinstating)	DATE	DECTOR	0011110
12.	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NILE NAME	GRIFFIN, JAMES L.	First Occupa	1.1 TITLE 1.2 NAME			L	GHAHYE	L Addition
	6802 ST. AUGUSTINE RD.			4000000				
STREET ADDRESS	JACKSONMLLE FL		1.3 STREE	1				
CHY-ST 74* Table	V	DELETE	14 CiTy - S 21 TiTus	53 - ZIP			Change	Addition
NAME	GRIFFIN, BARBARA C.		2 2 NAME				u nang-	
STREET ADDRESS	6802 ST AUGUSTINE RD.		2.3 STREE	ADDRESS				
©11 + 81 - 2)P	JACKSONVILLE FL		2 4 CITY -	ì				
Till: #		DELETÉ	3.1 THLE	31-21			Change	Addilion
NAME			3.2 NAME	İ	* "F			
STREET ADDRESS			3.3 STREET	ADDRESS				
Crty - ST- 7IP			3.4 CITY-	ST-ZIP				
Tille		DELETE	4.1 TITLE				Change	Addition
NAME			4 2 NAME					
STREET ACORESS			4.3 STREE	ADDRESS				
C(11 - ST- 71P		,	4.4 CITY - 5	T-ZIP			····	
TIFLE		☐ DELETE	5.1 TITLE				Change	Addition
NAVE.			52 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CHY \$1-70°			5.4 CITY - !	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
10.f		[] DELETE	6 1 TITLE			لـا	Change	Addition
NAMI	1 1	1	62 NAME					
SHE: LADORESS	<i>[[]</i>		63 STREET	ADDRESS				
CHY-\$1-76:	1//		6.4 CITY-	***************************************				
information Larrian of	n indicated on this annual region of s ficer or director of the corp latter or	upplemental annual report is tr	ue and acc ered to exe	urate and tha oute this repo	d in Section 119.07(3)(i), Florida Statuter t my signature shall have the same lega rt as required by Chapter 607, Florida S Griffin	l effect as if r	nade und hat my n	der oath; thai name