

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 602080 (4)

1. Corporation Name

NEILL GRIFFIN JEFFRIES & LLOYD CHARTERED

Principal Place of Business

311 S SECOND ST
FT PIERCE FL 34950
US

Mailing Address

P O BOX 1270
FT PIERCE FL 34954



3. Date Incorporated or Qualified
05/07/1970

3a. Date of Last Report
02/28/1995

4. FEI Number

59-1289417

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEILL, RICHARD V
311 S 2ND ST
FORT PIERCE FL 34950

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 607.0502 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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME JEFFRIES, MICHAEL
STREET ADDRESS 311 SOUTH 2ND ST
CITY-STATE-ZIP FORT PIERCE, FL 00000

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME LLOYD, ROBERT M
STREET ADDRESS 311 SOUTH 2ND ST
CITY-STATE-ZIP FORT PIERCE, FL 00000

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME NEILL, RICHARD V
STREET ADDRESS 311 SOUTH 2ND ST
CITY-STATE-ZIP FORT PIERCE, FL 00000

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME GRIFFIN, CHESTER B
STREET ADDRESS 311 SOUTH 2ND ST
CITY-STATE-ZIP FORT PIERCE, FL 00000

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME TIERNEY, J. STEPHEN JR.
STREET ADDRESS 311 SOUTH 2ND ST
CITY-STATE-ZIP FT. PIERCE FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

D
Neill, Richard V. Jr.
311 South 2nd Street
Fort Pierce, FL 34950

14. I do 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)(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:

Richard V. Neill Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96

Date

407-464-8200

Daytime Phone #

CR2E034 (12/95)