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FILED
Apr 24 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 # 602080 (4)

1. Corporation Name

~~NEILL, GRIFFIN, JEFFRIES & LLOYD CHARTERED~~
NEILL, GRIFFIN, JEFFRIES, LLOYD, FOWLER,
TIERNEY & NEILL, CHARTERED

Principal Place of Business

Mailing Address

311 S SECOND ST
FT PIERCE FL 34950
US

P O BOX 1270
FT PIERCE FL 34954-1270

3. Date Incorporated or Qualified

05/07/1970

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFRIES, MICHAEL	
STREET ADDRESS	311 SOUTH 2ND ST	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, ROBERT M	
STREET ADDRESS	311 SOUTH 2ND ST	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEILL, RICHARD V	
STREET ADDRESS	311 SOUTH 2ND ST	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, CHESTER B	
STREET ADDRESS	311 SOUTH 2ND ST	
CITY-ST-ZIP	FORT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIERNEY, J. STEPHEN JR.	
STREET ADDRESS	311 SOUTH 2ND ST	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEILL, RICHARD V JR	
STREET ADDRESS	311 S 2ND ST	
CITY-ST-ZIP	FT PIERCE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-04/29/97--01005--015
***165.00

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:

Chester B. Griffin

CHESTER B. GRIFFIN, Pres. 561-464-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)