

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 # 605791 (3)

1. Corporation Name

GRIFFIN GALLERY OF FINE PHOTOGRAPHY, INC.



Principal Place of Business

1451 MARKET STREET  
TALLAHASSEE FL 32312  
US

Mailing Address

1451 MARKET ST  
TALLAHASSEE FL 32312  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
01/01/1979

3a. Date of Last Report  
04/18/1995

4. FEI Number  
59-1896219

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

DUGGER, MICHAEL  
205 S ADAMS  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name J. Robert Griffin  
82 Street Address (P.O. Box Number is Not Acceptable)  
215 S. Monroe Suite 600  
83  
84 City Tallahassee FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 607.0512 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, s. 607.0505, Florida Statutes.

SIGNATURE

*J. Robert Griffin*

J. Robert Griffin

3/6/96

12. OFFICERS AND DIRECTORS

TITLE PSV  
NAME GRIFFIN, LOIS D.  
STREET ADDRESS 1451 MARKET ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE  
NAME GRIFFIN, ROBERT J.  
STREET ADDRESS 1451 MARKET ST  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

18 TITLE ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY-ST-ZIP

22 TITLE ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY-ST-ZIP

26 TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 TITLE ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 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 stated in Section 119.07(4)(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 in an attachment with an address.

SIGNATURE

*Lois Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Griffin

3/6/96

904-883-2888

Daytime Phone #

CR2E034 (12/95)