

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:12

DOCUMENT # 608178

(0)

1. Corporation Name

GRIGGS ENTERPRISES, INC.

Principal Place of Business

**850 E LAKE ELBERT DR NE
WINTER HAVEN FL 33881**

Mailing Address

**850 E LAKE ELBERT DR NE
WINTER HAVEN FL 33881**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1979

3a. Date of Last Report

03/17/1994

4. FEI Number

59-1894969

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**GRIGGS, RAMON E
850 E. LAKE ELBERT DR., NE
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

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 or director) _____

12. OFFICERS AND DIRECTORS

**PD
GRIGGS, RAMON E.
850 E. LAKE ELBERT DR NE
WINTER HAVEN FL**

**STD
GRIGGS, EILEEN C.
850 E. LAKE ELBERT DR NE
WINTER HAVEN FL**

**AT
GRIGGS, JEFFREY R.
902 AVE S. SE
WINTER HAVEN FL**

**NAME
STREET ADDRESS
CITY ST ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY ST ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY ST ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY ST ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY ST ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY ST ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. 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 related in Section 199.03(4)(b), 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON E. GRIGGS PRES

2/19/95

P/B-294-1032