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FILED  
Apr 21 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 # 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 33881-4977

3. Date Incorporated or Qualified  
01/29/1979

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1894969

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

/s/ Ramon E. Griggs  
1485 Shorewood Drive  
Lakeland, FL 33803

/s/ Ramon E. Griggs  
1485 Shorewood Drive  
Lakeland, FL 33803

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9. Name and Address of Current Registered Agent

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

81 Name

82 Street

83

84 City

10. Name and Address of New Registered Agent

Ramon E. Griggs  
1485 Shorewood Drive  
Lakeland, FL 33803

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

TITLE PD  
NAME GRIGGS, RAMON E.  
STREET ADDRESS 850 E LAKE ELBERT DR NE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE VP  
NAME GRIGGS, EILEEN C.  
STREET ADDRESS 850 E LAKE ELBERT DR NE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE AVP  
NAME GRIGGS, JEFFREY R.  
STREET ADDRESS 602 AVE G SE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1485 SHOREWOOD DR  
1.4 CITY-ST-ZIP LAKELAND, FL 33803

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1485 SHOREWOOD DR  
2.4 CITY-ST-ZIP LAKELAND FL 33803

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 6245 TROI LANE  
3.4 CITY-ST-ZIP LAKELAND FL 33813

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON E. GRIGGS PMS

4/14/97

Date

941-619-7219

Daytime Phone #

0391780

CR2E034 (9/96)