

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street
83
84 City

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIGGS, RAMON E.	
STREET ADDRESS	850 E LAKE ELBERT DR NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRIGGS, EILEEN C.	
STREET ADDRESS	850 E LAKE ELBERT DR NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	GRIGGS, JEFFREY R.	
STREET ADDRESS	602 AVE G SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1485 SHOREWOOD DR
1.4 CITY-ST-ZIP	LAKELAND, FL 33803
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1485 SHOREWOOD DR
2.4 CITY-ST-ZIP	LAKELAND FL 33803
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6245 TROI LANE
3.4 CITY-ST-ZIP	LAKELAND FL 33813
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	

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: *Ramon E. Griggs*
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)