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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 612248

(5)

WM. L. GRIFFIN, INC.

FILED Feb 25 1997 8:00am Secretary of State

Principal Plac 3902 SAND DO TAMPA FL 336	OLLAR PLACE	Mailing Address 3902 SAND DOLLAR PL TAMPA FL 33634-7465	ACE				
					3. Date Incorporated or Qualific 03/09/1979	3a. Date of Last Rep 04/22/1996	port
	Place of Business	2a. Mailing Address		***************************************	4. FEI Number	Арр	lied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1912252	59-1912252 Not. \$8.75 Ad	
2 27					5. Certificate of Status Desired	Fee Req	
City & Stat	е	City & State		***************************************	6. Election Campaign Financing		
23	Country	28] Zip	Cour	ntru	Trust Fund Contribution	Added to	
24	25	29	30	() y	8. This corporation has liability Florida Statutes	Tor intangible tax under s. T	199.032,
<u></u>	9. Name and Address of Curre		100		10. Name and Address of New		
FRE	DERICK, FRANKLIN E.			B1 Name			
	SHALE PLACE		-	B2 Street A	ddress (P.O. Box Number is Not Accer	otable)	
TAM	IPA FL 33615						
				B3			
			ŀ	84 City		85 Zip Co	ode
		1057 JEGG Et. (1.0)			corporation submits this statement for the oration's board of directors. I hereby ac	FL 2 2 5 0	
SIGNATURE 12.	Signature, typed or printed name of registrest a OFFICE RS A	rgerc and the if applicable (N	NOTE. Registered	Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OF	DATE FFICERS AND DIRECTORS	i IN 12
TIME	STD	DELETE	1.1 TiT	.E		☐ Change	Addition
NAME	GRIFFIN, CHARLCY		1.2 NA	i i			
STREET ADDRESS	3902 SAND DOLLAR PL			IEET ADDRESS			
CHY-ST-ZIP	TAMPA FL VD	DELETE	1.4 CIT 2.1 TIT	Y-ST-ZIP		Change	Addition
THEF NAME	GRIFFIN,FRANKLIN F.	ב אנענונ	2.1 III			Lad Critings	
STREET ADDRESS	6075 BREVARD		•	REET ADDRESS			
CITY - ST - ZIP	TAMPA FL			TY-ST-ZIP			
ππε	PD	DELETE	3 1 717			Change	Addition
NAME	GRIFFIN, WILLIAM L.		32 NA	ME]			
STREET ADDRESS	3902 SAND DOLLAR PL		3.3 STI	REET ADDRESS			
CHY-S1-Zif	TAMPA FL	DELETE		TY-ST-ZIP		Change	Addition
TIT.F		רין טנונונ	4.1 TIT			CT change	L.J. AGUIROI
NAME CTUTET ATMRESS			4 2 N/	REET ADDRESS			
STREET ADORESS CITY+ST-ZIP				Y-ST-ZIP			
Tifut		DELETE	5.1 TIT			Change	Addition
NAME			5.2 NA				
STREET ADDRESS			i i	REET ADDRESS			
CITY-ST-ZIF			5.4 CIT	Y - \$1 - ZIP			
TITLE		DELETE	6.1 TIT	ιE		Change	Addition
NAME			6.2 NA	ME			
STREET ADORESS			6.3 ST	REET ADDRESS			

I do nereby 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: