FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:03

DOCUMENT # 692842 (8)

1. Corporation Name
GRIFFITH EQUIPMENT & SUPPLY COMPANY

Principal Place of Business
1005 N 12 AVE
PENSACOLA FL 32501
US

Mailing Address
2201 SCENIC HWY P-3
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1981
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 1005 N 12TH AVE
Suite, Apt. #, etc.
22
City & State
23 PENSACOLA, FL
Zip 24 32501 Country 25

2a. Mailing Address
26 2201 SCENIC HWY
Suite, Apt. #, etc.
27 P 3
City & State
28 PENSACOLA, FL
Zip 29 32503 Country 30 USA

4. FEI Number: 59-2106908 ☐ 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
GRIFFITH, ROBERT W
2201 SCENIC HWY P-3
PENSACOLA FL 32503

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 and title if applicable (NOTE: Registered Agent signature required when resisting) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRIFFITH, ROBERT W
STREET ADDRESS	2201 SCENIC HWY P-3
CITY-ST-ZIP	PENSACOLA, FL 00000
TITLE	DP
NAME	GIFFITH, DOROTHY M
STREET ADDRESS	2201 SCENIC HWY P-3
CITY-ST-ZIP	PENSACOLA, FL 00000
TITLE	SD
NAME	GRIFFITH, DOROTHY M.
STREET ADDRESS	2201 SCENIC HWY P-3
CITY-ST-ZIP	PENSACOLA FL
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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 on an attachment with an address.

SIGNATURE: Robert W. Griffith ROBERT W. GRIFFITH 1/12/95 904-433-2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0460202 FP