


FILE NOW: FILING FEE IS \$61.25

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Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90005 007 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752787					
1. Corporation Name INDUSTRIAL COMPLEX OF RAIFORD, INC.					
Principal Place of Business P. O. BOX 368 RAIFORD FL 32083			Mailing Address P. O. BOX 368 RAIFORD FL 32083		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2134008	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIFFIS, J.D. SR 121 BOX 98 RAIFORD FL 32083				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 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFIS, J D			1.2 NAME			
STREET ADDRESS	P O BOX 98 NA			1.3 STREET ADDRESS			
CITY-ST-ZIP	RAIFORD FL 32083			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RHODEN, MIKE			2.2 NAME			
STREET ADDRESS	FT 1 BOX 182			2.3 STREET ADDRESS			
CITY-ST-ZIP	RAIFORD FL 32083			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREWS, WADE			3.2 NAME			
STREET ADDRESS	RT 4 BOX 3546			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL 32051			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFIS, GREG			4.2 NAME			
STREET ADDRESS	P O BOX 569 NA			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAWTEY FL 32058			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFIS, RESSIE			5.2 NAME			
STREET ADDRESS	P O BOX 804 NA			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE BUTLER FL 32054			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7 January 1999

(904) 431-1898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)