

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90004 015 ****61.25

DOCUMENT # 752787

1. Entity 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 32083-0368

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2134008**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****GRIFFIS, J.D.**
SR 121
BOX 98
RAIFORD FL 32083**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	C D	<input type="checkbox"/> Delete
NAME	GRIFFIS, J D	
STREET ADDRESS	P O BOX 98 NA	
CITY-ST-ZIP	RAIFORD FL 32083	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RHODEN, MIKE	
STREET ADDRESS	FT 1 BOX 182	
CITY-ST-ZIP	RAIFORD FL 32083	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDREWS, WADE	
STREET ADDRESS	RT 4 BOX 3546	
CITY-ST-ZIP	LAKE BUTLER FL 32051	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRIFFIS, GREG	
STREET ADDRESS	P O BOX 589 NA	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIS, RESSIE	
STREET ADDRESS	P O BOX 804 NA	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00

(909) 431-1898