

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90250 021 ****61.25

DOCUMENT # 752787

1. Entity Name

INDUSTRIAL COMPLEX OF RAIFORD, INC.

Principal Place of Business

Mailing Address

P. O. BOX 368
 RAIFORD FL 32083

P. O. BOX 368
 RAIFORD FL 32083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2134008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GRIFFIS, J. D.
SR 121 ON TH CR 229
CENTRAL AVENUE
RAIFORD FL 32083

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C D	<input type="checkbox"/> Delete
NAME	GRIFFIS, J D	
STREET ADDRESS	P O BOX 98 NA	Chairman
CITY-ST-ZIP	RAIFORD FL 32083	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, MIKE	DECEASED
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	President
CITY-ST-ZIP	LAKE BUTLER FL 32051	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRIFFIS, GREG	
STREET ADDRESS	P O BOX 569 NA	Secretary/Treasurer
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIS, RESSIE	
STREET ADDRESS	P O BOX 804 NA	Vice Chairman
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrews, Wade	
STREET ADDRESS	Rt. 4 Box 3645	
CITY-ST-ZIP	Lake Butler, Florida 32054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffis, Ressie	
STREET ADDRESS	Rt 1 Box 386G	
CITY-ST-ZIP	Lake Butler, Florida 32054	
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 #

1-18-02

CR2037 (9/01)