

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90040 039 ***150.00

80020512



DO NOT WRITE IN THIS SPACE

DOCUMENT # 851325 1. Entity Name GRIFFIN INDUSTRIES, INC.				4. FEI Number 61-0563430 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Principal Place of Business 4221 ALEXANDRIA PIKE COLD SPRING KY 41076		Mailing Address 4221 ALEXANDRIA PIKE COLD SPRING KY 41076-1821			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, DENNIS B		NAME	Griffin, Dennis B.	
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS	4221 Alexandria Pike	
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP	Cold Spring, KY 41076	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, STEVEN D.		NAME		
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS		
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JOHN		NAME	Griffin, John	
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS	4221 Alexandria Pike	
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP	Cold Spring, KY 41076	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIMINE, LOUIS F		NAME		
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS		
CITY-ST-ZIP	COLD SPRING KY 41076		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, DAVID L		NAME		
STREET ADDRESS	4221 ALEXANDRIA PIKE		STREET ADDRESS		
CITY-ST-ZIP	COLD SPRING KY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: 1/31/00 (606) 781-2010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E034 (9/99)