

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F27828 (5)

1. Corporation Name

GRIFFIN MOTORS, INC.



Principal Place of Business

Mailing Address

% SHIRLEY GRIFFIN
4016 N EDGEWOOD AVE
JACKSONVILLE FL 32254
US

% SHIRLEY GRIFFIN
4016 N EDGEWOOD AVE
JACKSONVILLE FL 32254
US

3. Date Incorporated or Qualified

04/01/1981

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 4016 Edgewood DR
Suite, Apt. #, etc.

26 4016 Edgewood DR
Suite, Apt. #, etc.

4. FEI Number

59-2167781

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

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, SHIRLEY
4016 N EDGEWOOD AVENUE
JACKSONVILLE FL 32254

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

PD
GRIFFIN, SHIRLEY
4016 N EDGEWOOD AVE
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D
GRIFFIN, GERALD R JR
4016 N EDGEWOOD AVE
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

4016 Edgewood DR.

2.1 TITLE

☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

4016 Edgewood DR

3.1 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Shirley Griffin Pres (Shirley Griffin) 4/23/96 904 356-9177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)