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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F58757** (8)

1. Corporation Name

GRIFFIN AND SONS PAINTING, INC.



Principal Place of Business

**360 N.E. 24TH STREET
BOCA RATON FL 33431**

Mailing Address

**360 N.E. 24TH STREET
BOCA RATON FL 33431**

2. Principal Place of Business

2a. Mailing Address

21 **360 N.E. 24th Street**

26 **360 N.E. 24th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Boca Raton**

27 **Boca Raton**

City & State

City & State

23 **Florida**

28 **Florida**

Zip

Country

Zip

Country

24 **33431**

25 **Palm Beach Flw**

29 **33431**

30 **Palm Beach Flw**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, FRANKLIN
360 N.E. 24TH STREET
BOCA RATON FL 33431**

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

(NOT: Registered Agent signature restricted when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GRIFFIN, FRANKLIN**
STREET ADDRESS **360 NE 24TH ST**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **GRIFFIN, WILLIAM**
STREET ADDRESS **360 NE 24TH ST**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: **William Griffin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-1996 407-395-9546
Daytime Phone #

CR2E034 (12/95)