**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90125 023 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # FOOODOOTAD

1. Corporation GRIGGS,	n Name	000140					
Principal Place of Business		Mailing Address		1 IGBIIGO IIIO IGIIO ILGII DONII DONII DONII	# BIEL BEILF # BIB! 11815 B	/I BIL	
80 NORTH HAVEN SEALE AL 36875		1101 13TH STREET PHENIX CITY AL 36867		DO NOT WRITE IN THIS SPACE			
US		US			3. Date incorporated or Qualifed		
					11/09/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<del> </del>	plied For
21 26					58-1946572		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certifcate of Status Desired	\$8.75 A	
City & State		City & State	<del></del>	<del>.</del>	6 Election Compaign Financing	\$5.00	·
23	#	28			6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country 25	Zip 29	Country 30		<ol><li>This corporation owes the current ye Personal Property Tax.</li></ol>		□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registe		
	or Haine and Addition of Carre	in regions or rigoni	81	Name			
GERDE, JERRY			82	Street Ade	dress (P.O. Box Number is Not Acceptable)		
	east fourth St. Ama City fl 32401		83				
						·- II - · ·	
			84	1		FL 85 Zip C	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was au	thorized by	the corporal	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its appointment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered Ager	nt signature requi	ired when reinstating) DA		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETÉ 1,11				☐ Change	☐ Addition
NAME	GRIGGS, JOHN E		1.2 NAME				
STREET ADDRESS	80 N. HAVEN		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			T Addition
TITLE	DVCS	☐ DELETE	2.1 TITLE		• 2	☐ Change	Addition
NAME	aridad, obtained in on		2.2 NAME				
STREET ADDRESS	oz Hollin interiorias			TADORESS			<del>-</del>
CITY-ST-ZIP	SEALE AL 36875	☐ DELETE	2.4 CITY-S	ST-ZIP		Change	Addition
TITLE	VP		3.1 TITLE 3.2 NAME				
NAME	GRIGGS, SEABRON		1	TADODECC			
STREET ADDRESS	32 NORTH HAVEN ROAD		3.4. CITY-S	TADORESS			
CITY-ST-ZIP TITLE	SEALE AL 36875	☐ DELETE	4.1 TITLE	51-ZIP		☐ Change	Addition
NAME		L 5223.0	4. 2 NAME				_
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S		•		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	5.		5.2 NAME				
STREET ADDRESS			5.3 STREET	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	TADDRÉSS			

14. 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 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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS



Daytime Phone #