SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:22

DOCUMENT # **F92957** **(2)**

1. Corporation Name
THE EIGHT GRIFFIN CORPORATION

Principal Place of Business	Mailing Address
% RICHARD A GRIFFIN 10141 SW 16 PL DAVIE FL 33324	% RICHARD A GRIFFIN 10141 SW 16 PL DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/02/1982**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2305931** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electronic Transmitter Number (TID) ☐ **$5.00** May Be Added to Fees
Trust Fund Deposit Number

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TIMOTHY P. GRIFFIN
10141 SW 16TH PLACE
DAVIE FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13.		
TITLE	DTS	11 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, TIMOTHY P	12 NAME		
STREET ADDRESS	13730 SW 16TH ST	13 STREET ADDRESS		
CITY ST ZIP	DAVIE FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, DANIEL D, SR	22 NAME		
STREET ADDRESS	13730 SW 16TH ST	23 STREET ADDRESS		
CITY ST ZIP	DAVIE FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, JEFFREY W	32 NAME		
STREET ADDRESS	13730 SW 16TH ST	33 STREET ADDRESS		
CITY ST ZIP	DAVIE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, PAMELA J	42 NAME		
STREET ADDRESS	13730 SW 16TH ST	43 STREET ADDRESS		
CITY ST ZIP	DAVIE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, RICHARD A JR	52 NAME		
STREET ADDRESS	13730 SW 16TH ST	53 STREET ADDRESS		
CITY ST ZIP	DAVIE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, JANET L	62 NAME		
STREET ADDRESS	13730 SW 16TH ST	63 STREET ADDRESS		
CITY ST ZIP	DAVIE FL	64 CITY ST ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: _____ 6/5/95 (305)389-0003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Telephone Number

0977972 CP