

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F92957** (2)

1. Corporation Name

**THE EIGHT GRIFFIN CORPORATION**



Principal Place of Business

Mailing Address

% RICHARD A GRIFFIN  
10141 SW 16 PL  
DAVE FL 33324

% RICHARD A GRIFFIN  
10141 SW 16 PL  
DAVE FL 33324

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/02/1982**

3a. Date of Last Report

**07/03/1995**

4. FEI Number

**59-2305991**

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

10. Name and Address of New Registered Agent

**TIMOTHY P. GRIFFIN  
10141 SW 16TH PLACE  
DAVE FL 33324**

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 607.1504, 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 true and correct copy of signature required when not applicable

Signature typed or printed true and correct copy of signature required when not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	DTS	<input type="checkbox"/> DELETE
NAME	GRIFFIN, TIMOTHY P	
STREET ADDRESS	13730 SW 16TH ST	
CITY-ST-ZIP	DAVE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, DANIEL D, SR	
STREET ADDRESS	13730 SW 16TH ST	
CITY-ST-ZIP	DAVE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, JEFFREY W	
STREET ADDRESS	13730 SW 16TH ST	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, PAMELA J	
STREET ADDRESS	13730 SW 16TH ST	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, RICHARD A JR	
STREET ADDRESS	13730 SW 16TH ST	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, JANET L	
STREET ADDRESS	13730 SW 16TH ST	
CITY-ST-ZIP	DAVE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TIMOTHY P. GRIFFIN DIRECTOR**

2/6/96

(954) 389-0003

Display Phone #

CR2E034 (12/95)