## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

PORTER GRIFFIN ENTERPRISES, INC.

(5)

## **FILED** May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					) <b>111 11 11 11 11 11 11 11 11 11 11 11 1</b>	
335 PREVATT RD P.O. BOX 1792						
DOTHAN AL 36301 DOTHAN AL 36302					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/14/1983	
2. Principal Place of Business 2a. Mailing Addr			ress		4. FEI Number	Applied For
21 26					59-2294937	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del> 1		6. Certificate of Status Desired	\$8.75 Additional
		27	7] City & State			Fee Required
City & State			28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren		11		10. Name and Address of New Registere	d Agent
PAC	GE, KARL E		8	1 Name		
3514 ST. LUKE ST			8	2 Street Ac	Idress (P.O. Box Number is Not Acceptable)	<u></u>
SPRINGFIELD FL 32401					(	
•			В	3		
			8	1 City		85 Zip Code
-1				] = "/	F	L
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.						
SIGNATUR	Finder & Bry	gen			4/3	0/98
	Signatury typed or protest name of registers of age.  OFFICERS AND		NOTE Registered A	gent signature re	quired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	PST	DELETE	1.1 TITLE		Dre' Lost	Change Addition
NAME	GRIFFIN, PORTER G.		1.2 NAMI	"	riffin forters	<b>—</b>
STREET ADDRESS	335 PREVATT RD			ET ADDRESS	35 prevent fo	
CITY-ST-ZIP	DOTHAN AL		1.4 CiTY-	5	nothan AL 36361	
TITLE		DELETE	2.1 TITLE		riffin Kinga H	Change Addition
NAME	PAGE, KARL E		2.2 NAMI	3	235 Provide H. P.A.	-
STREET ADDRESS	3514 ST LUKE ST		2 3 STRE	ET ADDRESS	Do+han, Al 36301	
CITY-ST-ZIP	SPRINGFIELD FL 32401		2.4 CHY	-ST-ZIP 🧸	secretary-Treasure	
TITLE		DELETÉ	3.1 TITLE		•	Change Addition
NAME			3.2 NAMI			
STREET ADDRESS				ET ADDRESS		,
CITY-ST-ZIP		Diete	3.4. CITY			Addition Addition
TITLE		☐ DÉLETE	4.1 TITLE			Thange Addition
NAME			4. 2 NAM		<	チカンノファ
STREET ADDRESS				ET ADDRESS		11/1/20
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY			Change Addition
NAME			5.2 NAMI			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE		Frank Samil	Change Addition
NAME			6.2 NAMI		<b>6000025323</b> -05/22/98010020	)     120
STREET ADDRESS			6.3 STRE	ET ADDRESS	~U3/22/38~~U1UU2~~l	722
City-St-7IP			64 CITY		***150.00	

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 suppliemental 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 attraction with an address.