PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999
DOCUMENT # G33225

<ol> <li>Corporation</li> </ol>	n Name			Į.	_				
-	GRIFFIN ENTERPRISES. IN	łC.		ĺ		A. S	61811 Bran 4		
Principal Place	a of Business	Mailing Address			E TODOLINE MODEL ENAME DIENE BEGIND IS D	MY NITY NIBIT NIBIT	OSBSI OLDUK B	ilkti atlatı 180t	
335 PREVATT R		P.O. BOX 1792							
DOTHAN AL 38301 DOTHAN AL 38302				ĺ	DO NOT WRIT	E IN THIS SE	PACE		
				F	3. Date Incorporated or Qualifed	E IN THIS SE	AOE		1
}					04/14/1983				
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	1
21		26			59-2294937		No	t Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	\$8.75 A		
22		27					Fee Re		ì
City & State	·	City.&.State	<del>,</del>		<ul> <li>-6Election Campaign Financing — Trust Fund Contribution</li> </ul>	ā	\$5.00 Added to		
23	Country	28	Country		8. This corporation owes the curre	nt year Intany		U 1 <del>00</del> 3	1
24	25	) <del></del>	30	- 1	Personal Property Tax.			□No	]
24	9. Name and Address of Curren	<u></u>			10. Name and Address of New R	egistered Ag	ent		1
٠.			81 Name	. ترین <sup>۵</sup>	c Harris				
	E, KARL E		82 Street	t Address	s (P.O. Box Number is Not Accepta	ble)			i
	ST. LUKE ST			411	Arkanasst				ļ
SPH	INGFIELD FL 32401		83	_					
			84 City	2 /	II a la	E1	85 Zip C	oda	1
	to the provisions of Sections 607,050	0 - 4 002 4500 File 44 - French	<u>                                     </u>	$\hookrightarrow$ nr	1 Haven	FL	1774	adistract	ł
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	s, the above-hame thorized by the cor	poration's	s board of directors. I hereby accept	the appointm	ient as rec	lstered	
		lions of, Section 607,UpUp, Fiori	da Statutes.						
; .	Y FAC D. HARAS					5-21-99			}
SIGNATURE	Fric D HAPULS Signature, typed or printed name of registered again	t and title if applicable. (NOTE: I	Registered Agent signatur		hen reinstating)	5-21-99 DATE			<u>8</u>
SIGNATURE	Signature, typed or printed name of registered open OFFICERS AN	t and little if applicable. (NOTE: I D DIRECTORS	Registered Agent eignature 13.			S-21-99 DATE ICERS AND			11/98)
SIGNATURE  12.  TITLE	Fine D. HADUS Signature, typed or private name of inglistered again OFFICERS AN	t and title if applicable. (NOTE: I	Registered Agent signature 13. 1.1 TITLE		hen reinstating)	S-21-99 DATE ICERS AND	DIRECTO	RS IN 12	4 (11/98)
SIGNATURE  12.  TITLE  NAME	Signalus, typed or petited name of inglished some OFFICERS AN P GRIFFIN, PORTER G.	t and little if applicable. (NOTE: I D DIRECTORS	13. 1.1 TITLE 1.2 NAME	e raquired wi	hen reinstating)	S-21-99 DATE ICERS AND	DIRECTO	RS IN 12	=034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or private name of inginished agent OFFICERS AN P GRIFFIN, PORTER G. 335 PREVATT RD	t and little if applicable. (NOTE: I D DIRECTORS	Pagistared Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	e raquired wi	hen reinstating)	S-21-99 DATE ICERS AND	DIRECTO	RS IN 12	R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or person name of inglished signs OFFICERS AN P GRIFFIN, PORTER G. 335 PREVATT RD DOTHAN AL 36301	t and little if applicable. (NOTE: I D DIRECTORS	13. 1.1 TITLE 1.2 NAME	s required wi	nen reinstating) ADD/TIONS/CHANGES TO OFF	ST-2 (- 199 DATE SICERS AND	DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or private name of inginished agent OFFICERS AN P GRIFFIN, PORTER G. 335 PREVATT RD	t and 1899 if applicable. (NOTE: I D DIRECTORS	Segrebared Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP	s required wi	nen reinstating) ADD/TIONS/CHANGES TO OFF	ST-2 (- 199 DATE SICERS AND	DIRECTO:	RS IN 12	CR2E034 (11/98)
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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 path; 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.

SIGNATURE

SANDATURE AND TYPED OR TRESPECTO NAME OF BIGHING OFFICER OR DIRECTOR

04/30/98

Daytime Phone #

May 07, 1999 8:00 am Secretary of State

05-07-1999 90036 043 \*\*\*150.00