

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33225

1. Entity Name
PORTER GRIFFIN ENTERPRISES, INC.

Principal Place of Business

335 PREVATT RD
DOTHAN AL 36301

Mailing Address

P.O. BOX 1792
DOTHAN AL 36302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2294937

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ERIC
2412 ARKANAS ST.
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name ERIC D. HARRIS

Street Address (P.O. Box Number is Not Acceptable)

912 MAPLE AVE

City PANAMA CITY

FL Zip Code 32401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ERIC D. HARRIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-10-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME GRIFFIN, PORTER G.
STREET ADDRESS 335 PREVATT RD
CITY-ST-ZIP DOTHAN AL 36301

TITLE V
NAME HARRIS, ERIC
STREET ADDRESS 2412 ARKANAS ST.
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ST
NAME GRIFFIN, LINDA H
STREET ADDRESS 335 PREVATT ROAD
CITY-ST-ZIP DOTHAN AL 36301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME 600004560146
STREET ADDRESS -08/28/01--01068--008
CITY-ST-ZIP *****408 75 *****408

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PORTER GRIFFIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

DATE

DAYTIME PHONE #

05-18-2001 90009 033 ***500.00

G33225

FILED

01 AUG 20 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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