

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G84702** (1)

1. Corporation Name

WILLIAM F. GRIFFIN, INC.



Principal Place of Business

**430 SOUTHEAST 6TH TERRACE
POMPANO BEACH FL 33060**

Mailing Address

**430 SOUTHEAST 6TH TERRACE
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified
02/14/1984

3a. Date of Last Report
04/28/1995

4. FEI Number

59-2396747

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

2. Principal Place of Business

2a. Mailing Address

21 **300 NE 7AVE**

26 **300 NE 7AVE POMPANO BEACH**

33060

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **—**

27 **—**

City & State

City & State

23 **POMPANO BEACH, FL**

28 **POMPANO BEACH, FL**

Zip

Zip

Country

24 **33060**

25 **USA**

29 **33060**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIN, WILLIAM F
430 SOUTHEAST 6TH TERRACE
POMPANO BEACH FL 33060**

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 **WILLIAM F. GRIFFIN PRES.**

Signature typed or printed name of registered agent (Block 11) if applicable

(NOTE: Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GRIFFIN, WILLIAM F.**
STREET ADDRESS **430 S.E. 6TH TERR.**
CITY- ST- ZIP **POMPANO BCH FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **GRIFFIN, WILLIAM F.**
1.3 STREET ADDRESS **300 NE 7AVE**
1.4 CITY- ST- ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address.

SIGNATURE:

WILLIAM F. GRIFFIN, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 954-781-5426
Date Daytime Phone

CR2E034 (12/95)