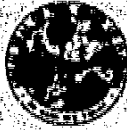


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H63317

(2)

1. Corporation Name

GRIFFIS, INC.

Principal Place of Business

**% HENRY G. GRIFFIS, SR.
6641 103RD ST.
JACKSONVILLE FL 32210**

Mailing Address

**% HENRY G. GRIFFIS, SR.
6641 103RD ST.
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1985

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2543818

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fees 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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIS, HENRY G JR
6641 103RD ST.
JACKSONVILLE FL 32210**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	GRIFFIS, HENRY G., SR.
STREET ADDRESS	6641 103RD ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	GRIFFIS, IDA L.
STREET ADDRESS	6641 103RD ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	GRIFFIS, HENRY G., JR.
STREET ADDRESS	6641 103RD ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DC	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	32210	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	32210	
3.1 TITLE	DP	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	32210	
4.1 TITLE	ST	☒ Change ☒ Addition
4.2 NAME	CUNNINGHAM, SHARON	
4.3 STREET ADDRESS	6641 103RD STREET	
4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210	
5.1 TITLE	ASST S	☐ Change ☒ Addition
5.2 NAME	MOSLEY, DIANA	
5.3 STREET ADDRESS	6641 103RD STREET	
5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210	
6.1 TITLE	ASST T	☐ Change ☒ Addition
6.2 NAME	TATE, WILLIAM	
6.3 STREET ADDRESS	6641 103RD ST	
6.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption entitled in Section 110.07(3)(b), 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:

William T. Tate
WILLIAM T. TATE

4/24/95

904-771-4340