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

Mailing Address

JACKSONVILLE FL 32236

P.O. BOX 60332

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H84701

Principal Place of Business

5625 VERNA BLVD

GRIFFIN & HOLMAN, INC.

IACKSOMVII I E	FI 32205 .						L	DO NOT WHITE IN THE			
JACKSONVILLE FL 32205						3. Date Incorporated or Qualifed					
us	F.							11/08/1985			
		1						FEI Number	Applie	ed For	
2. Principal Pl	ace of Business	2a.	Mailing Address				- 1		<u> </u>	pplicable	
21		26					;	<u>59-2629710 </u>			
Suite, Apt.	# etc		Suite, Apt. #, etc.				۱ ـ ا	Certificate of Status Desired	\$8.75 Add		
		27	• • "				5. (Certifcate of Status Desired	Fee Requi	ired	
22			City & State					Election Campaign Financing	\$5.00 Ma	av Re	
City & State	е	\vdash	City & State				3	· -	Added to F		
23		28						Trust Fund Contribution			
Zip	Country		Zip	Cour	ntry		8.	This corporation owes the current year Int		.	
	25	29	· ·	30				Personal Property Tax.		Mo	
24				-			10.	Name and Address of New Registered	Agent		
	9. Name and Address of Current	Regist	ered Agent		81	Name		<u> </u>			
				ļ	٠.						
REE	D, JULIA BEATRICE			ł	82	Street Ad	dress (P.	O. Box Number is Not Acceptable)			
8710 HAMMONDWOOD RD S					Street Address (1						
JACKSONVILLE FL 32221					83			一个人,这个人,不是一个人的人。 第二章			
JAU	NOUNVILLE FL SZZZ I			ļ							
				ŀ	84	City		,	85 Zip Cod	de	
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y	10 007 0E02	d 60	17 1609 Florida Statute	e the al	2016	e-named co	progration	submits this statement for the purpose of	f changing its re	gistered	
11. Pursuant	to the provisions of Sections 607.0502	f Florid	a Such change was au	thorized	bv	the corpora	ation's bo	submits this statement for the purpose of ard of directors. I hereby accept the appo	intment as regis	tered	
office or i	egistered agent, or both, in the State c im familiar with, and accept the obligati	ions of.	Section 607.0505, Flori	ida Statu	ites	j.		•			
agent. ra	ill latitud with, and doops the obligation										
SIGNATURE		4 1/11 - 14	(NOTE:	Panistared	Anen	nt signature requ	uired when re	einstating) DATE	-		
	Signature, typed or printed name of registered agent	and due it		13.	/ igot	W Caller State of the Call	Δ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 12	
12.	OFFICERS AND	DIRE					<u>.</u>		Change	Additio	
TITLE	P		☐ DELETE	1,1 TIT	ΙLΕ	ļ				– .	
NAME	HOLMAN, LESLIE J.			1.2 NA	ME	1					
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STREET ADDRESS	T *										
CITY+ST-ZIP	JACKSONVILLE FL			1.4 CI	TY-S	T-ZIP			Change	Additio	
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	T			2.2 NA	AME.				. 1-4	. I .	
NAME	HOLMAN, PAMELA M.								, ,		
STREET ADDRESS	8710 HAMMONDWOOD RD.,S.			2.3 ST	REE	TADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CI	ITY-S	ST-ZIP				CIA LES	
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				6.2 N	AME						
NAME				625	TOCK	ET ADDRESS					
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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 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 of changed, or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Jan 30, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-30-1999 90005 048 ***150.00