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

PROFIT CORPORATION ANNUAL REPORT

1998

506 N JACKSON ST

**OUINCY FL 32351** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J47886

(3)

HELEN E. GRIFFIN INVESTMENTS, INC.

Principal Place of Business Mailing Address

506 N JACKSON ST QUINCY FL 32351

## FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

									3. Date Incorporated or Qualified			
									12/16/1986			
2. Principal Place of Business			28	2a. Mailing Address					4. FEI Number	Application		
21			26	26					59-2742204		t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	8.75	Additional	
22				27					5. Celtificate of Status Desired	Fee Re	equired	
City & State				City & State					6. Election Campaign Financing	55.00	May Be	
23								Trust Fund Contribution	Added t	to Fees		
Zip	Zip Country			Zip Co			Country		8. This corporation owes or has paid the current	year Int	angible	
24 25			29						Personal Property Tax due June 30. 🔀 Yes 🗌 No			
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
HINSON, ALEXANDER L.						81	Name					
1204 FLETCHER DR				range to			82 Street Address (P.O. Box Number is Not Acceptable)					
QUINCY FL 32351				0			OB CEC.		1 N Madison St			
				- 1			83 121 N. Mau 1-50[1-5]					
						84	City		FL  85	i Zip (	Code	
11 Pursuant t	a the provisions	of Sections 607 0502	and f	607 1508 Florida Stat	titos th	e ahow	a-named	corpor		paina it	e registered	
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.												
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 reinstating)  DATE												
	Signature, typed or pr				egistered Agent signature required		required		<u> </u>			
12.	D	OFFICERS AND	DIKE	DELETE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	_	ICT CALC		T DEFERE		I.1 TITLE			<b>₩</b>	Change	Addition	
NAME	GRIFFIN, H				1.2 NAME					1		
STREET ADDRESS	1					1.3 STREET ADDRESS					İ	
CITY-ST-ZIP	QUINCY FL						1.4 CITY-ST-ZIP					
TITLE	DS			☐ DELETE	2	1.1 TITLE				Change	Addition	
NAME	MCMILLAN, DEBORAH G.				2.2 NAM							
STREET ADDRESS	EET ADDRESS 902 W KING ST				2.3 STR		2.3 STREET ADDRESS					
CITY-ST-ZIP	T-ZIP QUINCY FL				2. 4 C		2. 4 CITY-ST-ZIP					
TITLE	D			☐ DELETE	DELETE 3.1 TIT		3.1 TITLE			Change	Addition	
NAME	GRIFFIN, TAYLOR W. JR			3.2 N/		3.2 NAME					]	
STREET ADDRESS	TALL E DESIGNATION OF THE STATE			3.3 STREET A			ADDRESS				1	
	DELAND FL											
TITLE				☐ DELETE		3.4. CITY-ST-ZIP 4.1 TITLE			110	Change	Addition	
NAME						. 2 NAME			<u> </u>		significan	
											ļ	
STREET ADDRESS					1	.3 STREET	I				ľ	
CITY-ST-ZIP				L second		.4 CITY - S	T-ZIP		· — ,	16	[ ] k.z.m.	
TITLE				☐ DELETE		.1 TITLE			<u> </u>	Change	Addition	
NAME					5	.2 NAME	1					
STREET ADDRESS					5	.3 STREET	ADDRESS					
CITY-ST-ZIP					5	.4 CITY-S	r-zip					
TITLE				DELETE	6	.1 TITLE				Change	Addition	
NAME					6	2 NAME						
STREET ADDRESS					6	.3 STREET	address					
CITY-ST-ZIP					_ I	.4 CITY-S						
14. I hereby certify that the information supplied with this filing does not qualify for the							ion state	d in Se	ection 119.07(3)(i), Florida Statutes. I further certify t	hat the	information	
indicatéd o	on this annual re	eport or supplemental a	annua	al report is true and a	ccurate	and tha	at my siga	nature :	shall have the same legal effect as if made under o	ath; tha	tiam an	

14. I hereby certify that the information supplied with this raing does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

Deborah G. McMillan

SIGNATURE:

October HURNAMINE

Feb. 2, 1998

850-627-2202