2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # J47886 Secretary of State** 1. Entity Name HELEN E. GRIFFIN INVESTMENTS, INC. 02-01-2001 90097 019 ***150.00 Principal Place of Business Mailing Address 506 N JACKSON ST 506 N JACKSON ST 60014033 QUINCY FL 32351 QUINCY FL 32351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2742204 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINSON, ALEXANDER L. Street Address (P.O. Box Number is Not Acceptable) 121 N MADISON ST QUINCY FL 32351 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 TITLE Change ☐ Addition TITLE ☐ Delete GRIFFIN, HELEN E. NAME NAME STREET ADDRESS STREET ADDRESS **506 N JACKSON ST** CITY-ST-ZIP QUINCY FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCMILLAN, DEBORAH G. NAME NAME STREET ADDRESS 902 W KING ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF QUINCY FL TITLE ☐ Delete TITLE Change Addition GRIFFIN, TAYLOR W. JR NAME: NAME STREET ADDRESS 711 E PENNSYLVANIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **DELAND FL** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE

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.

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Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

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1-25-01 850-627-220

[] Change

☐ Addition