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 # J53970 (6)

1. Corporation Name
GRIFFIN FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
5551 RIDGEWOOD DRIVE SUITE 203 NAPLES FL 33963	5551 RIDGEWOOD DRIVE SUITE 203 NAPLES FL 33963

3. Date Incorporated or Qualified: 01/26/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0115923 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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

9. Name and Address of Current Registered Agent

~~GRIFFIN, GERALD F. II~~
~~5551 RIDGEWOOD DR.~~
~~#203~~
~~NAPLES FL 33963~~

10. Name and Address of New Registered Agent

81 Name: PAMELA S. MAC'KIE
82 Street Address (P.O. Box Number is Not Acceptable): 5551 RIDGEWOOD DRIVE
83 SUITE 201
84 City: NAPLES FL 85 Zip Code: 33963

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] PAMELA S. MAC'KIE 1-18-96
Signature, typed or printed name of registered agent ... (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	GRIFFIN, GERALD F., II		1.2 NAME
STREET ADDRESS	5551 RIDGEWOOD DR #203		1.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP
TITLE	~~DVS~~	☒ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	~~GRIFFIN, SUZANNE R.~~		2.2 NAME
STREET ADDRESS	~~5551 RIDGEWOOD DR #203~~		2.3 STREET ADDRESS
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	3.1 TITLE V ☒ Change ☒ Addition
NAME	SHARPE, KEITH A		3.2 NAME
STREET ADDRESS	5551 RIDGEWOOD DRIVE SUITE 203		3.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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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, or on an attachment with an address.

SIGNATURE: [signature] 1/18/96 941-566-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 5/1/96

CR2E034 (12/95)