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

FLORIDA DEPARTMENT OF STATE

**PROFIT** 

SIGNATURE:

Apr 20 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)J53970 GRIFFIN FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 5551 RIDGEWOOD DRIVE 5551 RIDGEWOOD DRIVE SUITE 203 SUITE 203 DO NOT WRITE IN THIS SPACE NAPLES FL 33963 NAPLES FL 33963 3. Date Incorporated or Qualified 01/26/1987 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0115923 Not Applicable 21 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name ATHAN, G H 5551 RIDGEWOOD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) STE #501 NAPLES FL 34108 83 84 City Zip Code 85 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change TITLE 1.1 TITLE NAME GRIFFIN, GERALD F., II 1.2 NAME CR2E034 5551 RIDGEWOOD DR #203 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY - ST - ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE Change Addition SHARPE, KEITH A NAME 2.2 NAME 5551 RIDGEWOOD DRIVE SUITE 203 2 3 STREET ADDRESS STREET ADDRESS NAPLES FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS S.4 CITY - ST - ZIP CITY-ST-ZIP I hereby certify that the information supplied windcated on this annual report or supplemental officer or director of the corporation or the fee Block 12 or Block 13 if changed, or on a first transfer. exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e and that my signature shall have the same legal effect as if made under oath; that I am an cute this report as required by Chapter 607, Florida Statutes; and that my name appears in 941-566-2800

**FILED**