FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:22

DOCUMENT # J57883 **(7)**

1. Corporation Name
J.J. GRIFFITHS, INC.

Principal Place of Business	Mailing Address
~~5479 LAKE HOWELL RD~~ WINTER PARK FL 32792	~~5479 LAKE HOWELL RD~~ WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 5411 LAKE HOWELL Rd	26 5411 LAKE HOWELL Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WINTER PARK FL	28 City & State: WINTER PARK FL
24 Zip: 32792 25 Country	29 Zip: 32792 30 Country

4. FEI Number: 59-2768981 ☐ Applied For ☐ Not Applicable

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	10. Name and Address of New Registered Agent
GRIFFITHS, JOSEPH J. ~~5479 LAKE HOWELL RD~~ WINTER PARK FL 32792	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 5411 LAKE HOWELL Rd. 83 84 City: WINTER PARK FL 85 Zip Code: 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFITHS, JOSEPH J.	1.2 NAME		
STREET ADDRESS	648 SARANAC DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFITHS, GEORGANN R.	2.2 NAME		
STREET ADDRESS	648 SARANAC DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☑ Change ☐ Addition
NAME	GRIFFITHS, DAN	3.2 NAME		
STREET ADDRESS	~~648 SARANAC DR.~~	3.3 STREET ADDRESS	1105 MANIGAN AVE.	
CITY-ST-ZIP	~~WINTER SPRINGS FL~~	3.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Georgann Griffiths GEORGANN GRIFFITHS 4/11/95 (407) 677-6577
SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Date — Daytime Phone #

000848 CP