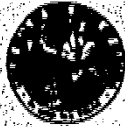


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PM 4:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J68636 (6)

1. Corporation Name

GRIFFITH AND ASSOCIATES OF TAMPA, INC.

Principal Place of Business

**8545 E FOWLER AVE
THONOTOSASSA FL 33582**

Mailing Address

**8545 E FOWLER AVE
THONOTOSASSA FL 33582**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/17/1987

3a. Date of Last Report

06/02/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2807425

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PHILLIPS, GEORGE W.
8001 NORTH DALE MABRY HIGHWAY
SUITE 401A
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14503 N. DALE MABRY HIGHWAY

83

SUITE 200

84 City

TAMPA FL

FL

85

Zip Code

33624

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

PHILLIPS, GEORGE W.

STREET ADDRESS

8545 E FOWLER AVE

CITY - ST - ZIP

THONOTOSASSA FL

TITLE

ST

NAME

GRIFFITH, DEBORAH

STREET ADDRESS

8545 E FOWLER AVE

CITY - ST - ZIP

THONOTOSASSA FL

TITLE

P

NAME

GRIFFITH, TERRY

STREET ADDRESS

8545 E FOWLER AVE

CITY - ST - ZIP

THONOTOSASSA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Deborah A Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title

4/14/95 9x6.0014