

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
96 MAY 10 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J68636 (6)

1. Corporation Name

GRIFFITH AND ASSOCIATES OF TAMPA, INC.



Principal Place of Business

9545 E FOWLER AVE
THONOTOSASSA FL 33592

Mailing Address

9545 E FOWLER AVE
THONOTOSASSA FL 33592

3. Date Incorporated or Qualified
04/17/1987

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

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

PHILLIPS, GEORGE W.
14502 N. DALE MABRY HIGHWAY
SUITE 200
TAMPA FL 33624

81 Name

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

83

84 City

200001821132
05/14/96-01123-005
****225.00 ****225.00
FL 85 Zip Code

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 any)

(If 301 Registered Agent signature required, attach separate filing)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME PHILLIPS, GEORGE W.
STREET ADDRESS 9545 E FOWLER AVE
CITY-ST-ZIP THONOTOSASSA FL

DELETE

TITLE ST
NAME GRIFFITH, DEBORAH
STREET ADDRESS 9545 E FOWLER AVE
CITY-ST-ZIP THONOTOSASSA FL

DELETE

TITLE P
NAME GRIFFITH, TERRY
STREET ADDRESS 9545 E FOWLER AVE
CITY-ST-ZIP THONOTOSASSA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 (813) 988-0014

Daytime Phone #

CR2E034 (12/95)