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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

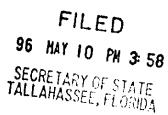
Secretary of State

DIVISION OF CORPORATIONS

J68636 **DOCUMENT #**

(6)

GRIFFITH AND ASSOCIATES OF TAMPA, INC.





| 9545 E FOWLER AVE THONOTOSASSA FL 33592 | 9545 E FOW | Mailing Address 9545 E FOWLER AVE THONOTOSASSA FL 33592 | | | I 1880110 DILU DILUI 19810 DILUB 11110 DILI BIBLI | | | |
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| | | | | | 3. Date Incorporated or Qualified 04/17/1987 | 3a. Date of Last Report 04/19/1995 | | |
| t. Principal Place of Business | 2a. Mailing Ack | dress | | | 4. FEI Number 59-2807425 | | Applied I Not Appl | |
| Suite, Apt. #, etc. | Suite, Apt. | н, etc. | | | 5. Certificate of Status Desired | 1 1 | 3.75 Addition | |
| City & State | City & State | € | | | 6. Election Campaign Financing | 1 1 7 | 5.00 May I | |
| | 28 | | Country | | Trust Fund Contribution | | Added to Fee | |
| Zip Country | <i>Ζ</i> φ 29 | 30 | Country | | 8. This corporation has liability for in Florida Statutes Yes | intangiole tax und - 🔀 No | oers 199.03 | 2, |
| | f Current Registered Agen | | T | | 10. Name and Address of New R | Registered Ager | nt . | |
| PHILLIPS, GEORGE W. 14502 N. DALE MABRY HIGHWAY SUITE 200 TAMPA FL 33624 1. Pursuant to the provisions of Sections 66 | | id Contain to | 82 83 84 | City | -05/14/ ****2/ | 010182 796-0112 25.00 ** FL 85 | 230U5 **225_0 Zip Code | ÙÜ |
| or registered agent, or both, in the State famhar with, and accept the obligations signatures. Signature by state Signature of trager | of Florida, Such change wa of, Section 607,0505, Florid | as authorized by la Statutes. | the corp | oration's boa | re of directors. Thereby accept the app | ontment as regis | stered agent. | l am |
| | ERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFF | | | |
| TLE D | | ELETE | 1 + THILE | | | Ch | iange 🔲 Ac | adition |
| AME PHILLIPS, GEORGE W. | | i i | 12 NAME | | | | | |
| ACAE E COMPED AVE | | | | | | | | |
| | | | 13 STREET | | | | | |
| TY-ST-ZIP THONOTOSASSA FL | | ELETE | 1.4 C)TY - S | | | ∏ Cr | lange As | dd:tion |
| TY-ST-ZIP THONOTOSASSA FL TLE ST | | ELETE | | | | Cri | nange 🔲 Ac | dd:tior |
| TY-ST-ZIP THONOTOSASSA FL ILE ST GRIFFITH, DEBORAH | | ELETE | 14 City - S 2 1 Title | T - ZIP | | ☐ Cr | nange 🔲 As | dd:tior |
| THONOTOSASSA FL TLE ST MME GRIFFITH, DEBORAH FREET ADDRESS 9545 E FOWLER AVE | | ELETE | 1.4 City - S 2.1 TULE 2.2 NAME | ADDRESS | | Cri | nange [Ac | dd:tior |
| THONOTOSASSA FL TLE ST GRIFFITH, DEBORAH FREET ADDRESS TY-ST-ZIP TLE THONOTOSASSA FL THONOTOSASSA FL P | | ELETE BELETE | 1 4 CITY - S 2 1 TULE 2 2 NAME 2 3 STREET | ADDRESS | | Cr | | |
| THONOTOSASSA FL ST GRIFFITH, DEBORAH IREET ADDRESS THONOTOSASSA FL 9545 E FOWLER AVE THONOTOSASSA FL TLE P GRIFFITH, TERRY | | | 1 4 City - S 2 1 Title 2 2 NAME 2 3 STREET 2 4 CITY - S | ADDRESS | | | | |
| THONOTOSASSA FL TLE ST GRIFFITH, DEBORAH GRET ADDRESS 9545 E FOWLER AVE THONOTOSASSA FL THONOTOSASSA FL P GRIFFITH, TERRY 9545 E FOWLER AVE 9545 E FOWLER AVE | | | 1 4 CITY - S 2 1 TIPLE 2 2 NAME 2 3 STREET 2 4 CITY - S 3 1 TIPLE 3 2 NAME 3 3 STREET | ADDRESS SEZIF | | | | |
| THONOTOSASSA FL TLE ST GRIFFITH, DEBORAH REET ADDRESS 1Y-ST-ZIP THONOTOSASSA FL P GRIFFITH, TERRY FREET ADDRESS 1Y-ST-ZIP GRIFFITH, TERRY 9545 E FOWLER AVE THONOTOSASSA FL THONOTOSASSA FL THONOTOSASSA FL | | ELETE | 1 4 City - S 2 1 Tible 2 2 NAME 2 3 SIREE 2 4 City - S 3 1 Tible 3 2 NAME 3 3 SIREE 3 4 City - S | ADDRESS SEZIF | | C) Cr | narge □ Ac | dddion |
| THONOTOSASSA FL TLE ST GRIFFITH, DEBORAH PREET ADDRESS THONOTOSASSA FL | | | 14 City - S 2 1 Title 2 2 NAME 2 3 SIREET 2 4 City - S 3 1 Title 32 NAME 33 SIREE 34 City - S 4 1 DILE | ADDRESS SEZIF | | | narge □ Ac | dddion |
| THONOTOSASSA FL TLE ST GRIFFITH, DEBORAH 9545 E FOWLER AVE THONOTOSASSA FL 9545 E FOWLER AVE THONOTOSASSA FL P GRIFFITH, TERRY 9545 E FOWLER AVE THONOTOSASSA FL TREET ADDRESS TY - ST - ZIP THONOTOSASSA FL THONOTOSASSA FL THONOTOSASSA FL THONOTOSASSA FL TLE | | ELETE | 14 CITY - S 2 1 TIPLE 2 2 NAME 23 SIREST 24 CITY - S 3 1 TIPLE 32 NAME 33 SIREST 34 CITY - S 4 1 TIPLE 42 NAME | ADDRESS STATE | me | Cr | narge □ Ac | dddion |
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SIGNATURE: Down SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL DEFICER OR DIRECTOR

5/6/96 (813)9860014