
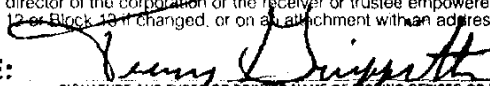


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J68636 (6)</b>					
1. Corporation Name <b>GRIFFITH AND ASSOCIATES OF TAMPA, INC.</b>					
Principal Place of Business <b>9545 E FOWLER AVE THONOTOSASSA FL 33582</b>			Mailing Address <b>9545 E FOWLER AVE THONOTOSASSA FL 33582-2139</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1987</b>	
21		26		3a. Date of Last Report <b>05/10/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2807425</b>	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Country		29	
24		25		30	
9. Name and Address of Current Registered Agent <b>PHILLIPS, GEORGE W. 14502 N. DALE MABRY HIGHWAY SUITE 200 TAMPA FL 33624</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>D PHILLIPS, GEORGE W.</b>					
STREET ADDRESS <b>9545 E FOWLER AVE</b>					
CITY-ST-ZIP <b>THONOTOSASSA FL</b>					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME <b>ST GRIFFITH, DEBORAH</b>					
STREET ADDRESS <b>9545 E FOWLER AVE</b>					
CITY-ST-ZIP <b>THONOTOSASSA FL</b>					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME <b>P GRIFFITH, TERRY</b>					
STREET ADDRESS <b>9545 E FOWLER AVE</b>					
CITY-ST-ZIP <b>THONOTOSASSA FL</b>					
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2. I do hereby certify that the information supplied with this filing 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: 					
SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



CR2E034 (9/96)