

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J85290 (1)

1. Corporation Name

MCGRIFF FARM, INC.

Principal Place of Business

Mailing Address

7785 BAYMEADOWS WAY
STE 308
JACKSONVILLE FL 32256
US

P O BOX 56350
SUITE 1200
JACKSONVILLE FL 32241-3350



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4190 Belfort Rd.		26 P. O. Box 56350		08/03/1987		01/26/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 475		27		59-2850556		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fees Required	
23 Jacksonville, FL		28 Jacksonville, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 32216		25 US		29 32241-6350		30 US	

9. Name and Address of Current Registered Agent

MCGRIFF, W. A., III
7785 BAYMEADOWS BAY
SUITE 308
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name	McGriff, W. A. III
82 Street Address (P.O. Box Number is Not Acceptable)	4190 Belfort Rd.
83	Suite 475
84 City	Jacksonville
85 Zip Code	FL 32216

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

W. A. McGriff, III 4/24/96

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPS
NAME	MCGRIFF, W.A. III	1.2 NAME	McGriff, W.A. III
STREET ADDRESS	7785 BAYMEADOWS WAY #308	1.3 STREET ADDRESS	4190 Belfort Rd., Suite 475
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	AS	2.1 TITLE	AS
NAME	KELLY, PAMELA H.	2.2 NAME	Kelly, Pamela H.
STREET ADDRESS	7785 BAYMEADOWS WAY #308	2.3 STREET ADDRESS	3114 Merlin Drive N.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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:

W. A. McGriff, III 4/24/96 904/2966400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/line Phone #

CR2E034 (12/95)