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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1. Corporatio	in Name T 1042	(3)				ŧ		
GRIFFI	n & Griffin Inc.					ļ		
Principal Plac	o of Rusiness	Mailing Address						
1		•						
2719 TERRAC TAMPA FL 33		PO BOX 320305 P O BOX 320305						
US		TAMPA FL 33679				DO NOT WRITE IN THIS S	PACE	
		US				3. Date Incorporated or Qualified		
2 Principal P	Place of Business	2a. Mailing Address				02/15/1988 4. FEI Number	<u>-</u>	pplied For
21	1000 01 00011000	26				59-2949452		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate of Status Desired	Fee R	equired
City & Stat	e	City & State				6. Election Campaign Financing		May Be
Zip	Country	28 	Col	untry		Trust Fund Contribution		to Fees
24	25	29	30			8. This corporation owes or has paid the curr Personal Property Tax due June 30.		No
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered A	gent	
GR	riffin, franklin f.			81	Name			
2719 TERRACE DR				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609				83			 	
				83				
				84	City	FL	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat	tutes, the al	bove-	named corp		<u> </u>	its registered
office or r	egistered agent, or both, in the State om familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505,	s authorize Florida Stat	d by tutes,	the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	sintment as	registered
SIGNATURE								
	Signature, typed or printed name of registered agen OFFICERS AND			d Agen	t signature require	ed when reinstating) DATE		
TITLE	PDV	DELETE	13.	TLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	GRIFFIN, FRANKLIN F.		1.2 N					
STREET ADDRESS	2719 TERRACE DR		1.3 \$1	TREET A	ODRESS			Į
CITY-ST-ZIP	TAMPA FL		1.4 City-St-Zip		-ZIP			
TITLE		DELETE	2.1 Ti				Change	Addition
NAME			2.2 N			•		
STREET ADDRESS					IDDRESS			
CITY-ST-ZIP TITLE		DELETE	3.1 TI	ITY-ST	- 219		Change	Addition
NAME			3.2 N/					
STREET ADDRESS			3.3 S	IREET A	DORESS			
CITY-ST-ZIP			3.4. C	ITY-ST	- ZIP			
TITLE	•	DELETE	4,1 Ti			I	Change	Addition
NAME			4. 2 N					į
STREET ADDRESS			1		DDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 Ti	TY-ST-	- ZIP		Change	Addition
NAME		had seed to	5.2 N/		1	•		
STREET ADDRESS					DDRESS			
CITY - ST- ZIP				ΛΥ- <u>\$</u> Τ-	- 1			
TITLE		☐ DELETE	6.1 TT				Change	Addition
NAME I			6.2 N/	AME	1			1

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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.

6,3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Feb 09 1998 8:00am

Secretary of State