

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 06 1997 8:00am  
Secretary of State

DOCUMENT # **K77756** (0)

1. Corporation Name

**GRIFFIS GAS OF THE BEACHES, INC.**



Principal Place of Business

**6641 103RD STREET  
JACKSONVILLE FL 32210**

Mailing Address

**6641 103RD STREET  
JACKSONVILLE FL 32210-7133**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**04/04/1989**

3a. Date of Last Report

**04/05/1996**

4. FEI Number

**59-2941511**

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

**GRIFFIS, HENRY G JR  
6641 103RD ST  
~~SUITE 800~~  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	GRIFFIS, HENRY G., SR.	
STREET ADDRESS	6641 103RD STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRIFFIS, HENRY G., JR.	
STREET ADDRESS	6641 103RD STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIS, IDA L.	
STREET ADDRESS	6641 103RD STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	TATE, WILLIAM T	
STREET ADDRESS	6641 103RD ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, SHARON	
STREET ADDRESS	6641 103RD STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MOSLEY, DIANA	
STREET ADDRESS	6641 103RD STREET	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 entered 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:

*William T. Tate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

904-771-4340

Daytime Phone #

CR2E034 (9/96)