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RROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L36615

1. Corporation Name

(7)

FILED May 01 1996 8:00 am Secretary of State

GRIFFIN/EVANS CONSTRUCTION, INC.

Principal Place of Business Mailing Addre							
C/O HL JOHN GRIFFIN. II 5355 STIRLING ROAD DAVIE FL 33314		C/O H. JOHN GRIFFIN. II 5355 STIRLING ROAD DAVIE FL 33314					
				3. Date Incorporated or Qualified 12/13/1989	Qualified 3a. Date of Last Report 04/19/1995		
2. Principa! Pla 21 4646	ice of Business NW 8 WAY	2a. Mailing Address 26 4646 NW 8	WAY		4. FEI Number 65-0165574		Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required		
City & State FT. LAUDERDALE,		City & State 28 FT.LAUDERDALE,		Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip Country 24 33309 25 BROWARD		ZB3309 Country 30 BROV		ry:	8. This corporation has liability for intengible tax under s. 199 032. Florida Statutes Yes XNo		
	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New	Registered Agent	
1	44 1 6 1111 M		8				
•	H. JOHN, 1 PHING ROAD 4646 NW) ዜላ V		2 Street Addr	ddress (P.O. Box Number is Not Acceptable)		
		RDALE, FL 333	ng 8	83			
DANE FL 83314 FT. LAUDE		WDWDW, III 333				Tarl	Zic Code
	o the provisions of Sections 607.0502		8	'		FL []	Zip Code
12.	Signature: speed or printed name of registrer if a printed OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	DATE FIGERS AND DIRECT	
TITLE NAME	DP Griffin, H. John, II	C betrie	1.2 NAM				
STREET ADDRESS		NW 8 WAY		ET ADDRESS			
CITY - ST - ZIP		DERDALE, FL	1.4 CILY	ST-2IF			
TITLE	DV	DELETE	2 1 144	E		Chang	e 🗌 Addition
NAME	EVANS, JAY C.	NW 8 WAY	2.2 NAM				,
STREET ADDRESS	DOOD DIRICHTO TO	DERDALE, FL		ET ADDRESS			
CITY - ST - ZIP	S FT. LAU	DELETE	3 1 THL	F S' ZIP		Chang	e Addition
TITLE NAME	EVANS, LATISHA M.						
STREET ADDRESS	TOTAL DESIGNATION ACAE		3.2 NAM	lt I			
	E355 SHEUNGED 4040	NW 8 WAY	3.2 NAM 3.3 STR	EET ADDRESS			
CITY - ST - ZIP		NW 8 WAY AUDERDALE, FL	33 STR				
			33 STR	EET ADDRESS -ST-ZIF		☐ Chan	je 🔲 Addit-on
CITY - ST - ZIP		UDERDALE, FL	33 STR 34 CHY 4 T MIL 42 NAV	EEL ADDRESS -SL-ZIF E		Chan	nc-tibbA 🔲 e
CITY - ST - ZIP		UDERDALE, FL	33 STR 34 CHY 4 TYPL 42 NAV 43 STRE	EFT ADDRESS -ST-ZIF E E EEL ADDRESS	p - a - a - a - a - a - a - a - a - a -	☐ Chan	je 🗌 Addit-on
CITY - ST - ZIP TITLE NAME STREET ADDRESS CHY - ST - ZIP		AUDERDALE, FL	3.3 STR 34 CHY 4.1 YHL 42 NAV 4.3 STRI 4.4 CHY	EET ADDRESSST-ZIF E IE EET ADDRESSST-ZIP		☐ Chan	
CITY-ST-ZIP TILE NAME STREET ADDRESS CHY-ST-ZIP TILE		UDERDALE, FL	33 STR 34 C(f) 4 1 70L 42 NAV 43 STRI 44 C(f) 5 1 TITE	EET ADDRESS			
CITY-ST-ZIP 1'TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		AUDERDALE, FL	3.3 STR 3.4 C(F) 4.1 F(F) 4.2 NAV 4.3 STRI 4.4 C(F) 5.1 T(F) 5.2 NAM	EET ADDRESS			
CITY-ST-ZIP 1'TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		AUDERDALE, FL	3.3 STR 3.4 CHy 4.1 PHL 4.2 NAV 4.3 STRI 4.4 CHy 5.1 THE 5.2 NAM 5.3 STRI	EET ADDRESSST-ZIP EE EET ADDRESSST-ZIP If M			
CITY-ST-ZIP 1'TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		AUDERDALE, FL	3.3 STR 3.4 CHy 4.1 PHL 4.2 NAV 4.3 STRI 4.4 CHy 5.1 THE 5.2 NAM 5.3 STRI	EET ADDRESSST-ZIP			ge 🔲 Addition
CITY-ST-ZIP 1'TLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3 3 STR 3 4 CIFY 4 T PILL 4 2 NAY 4 3 STRI 4 4 CIFY 5 1 TITE 5 2 NAN 5 3 STRI 5 4 CIFY	EET ADDRESSST-ZIP EET ADDRESSST-ZIP If MC EET ADDRESS (-ST-ZIP LT MC EET ADDRESS (-ST-ZIP LT MC LT LT LT LT LT LT LT LT LT LT		☐ Cnan	ge 🔲 Addition
CITY-ST-ZIP 1'TLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.3 STR 3.4 CHY 4.1 YILL 4.2 NAV 4.3 STR 4.4 CHY 5.1 THY 5.2 NAM 5.3 STR 6.4 CHY 6.2 NAM 6.3 STR	EET ADDRESSST-ZIP EET ADDRESSST-ZIP If MC EET ADDRESS (-ST-ZIP LT MC EET ADDRESS (-ST-ZIP LT MC LT LT LT LT LT LT LT LT LT LT		☐ Cnan	ge 🔲 Addition

4. Ldo hereby certify that the information supplied with this fling 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 is 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 trusted 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 articless.

SIGNATURE: SGNATURE AND TYPED OR PRI

4-30-96

954-493-9933