

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L36615

(7)

1. Corporation Name
GRIFFIN/EVANS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~5400 S. Univ. Dr.~~
~~DAVIE, FL 33328~~

~~5400 S. Univ. Dr.~~
~~DAVIE, FL 33328~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1989

4. FEI Number

65-0165574

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 5400 S. Univ. Dr

26 5400 S. Univ. Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

27 101

City & State

City & State

23 Davie, FL

28 Davie, FL

Zip

Zip

24 33328

29 33328

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, JAY C
18951 S.W. 51ST MANOR
FT LAUDERDALE FL 33332

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 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 PT ☒ DELETE

NAME GRIFIN, J. H. JOHN

STREET ADDRESS 4600 S. UNIVERSITY WAY

CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE VPS ☒ DELETE

NAME J. H. JOHN

STREET ADDRESS 4600 S. UNIVERSITY WAY

CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE S ☒ DELETE

NAME EVANS, JAY C

STREET ADDRESS 4600 S. UNIVERSITY WAY

CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE PT ☐ Change ☒ Addition

1.2 NAME Jay C. Evans

1.3 STREET ADDRESS 18951 S.W. 51st Manor

1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33332

2.1 TITLE VPS ☐ Change ☒ Addition

2.2 NAME Bryan Alexander

2.3 STREET ADDRESS 11633 NW 25th St.

2.4 CITY-ST-ZIP Coral Springs, FL 33065

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: JAY C. EVANS, SECRETARY 7-4-98 954 189-1572

CR2E034 (5/98)

FILED
Jul 09 1998 8:00am
Secretary of State