## 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

DOCUMENT # 138618

101

J. G. G	RIFFIN CONSTRUCTION CO	` '			
% GREG GRIF 685 N. WINTE CASSELBERRY	r park dr.	% Greg Griffin 885 n. Winter Park DR Casselberry Fl. 32707-			
		VIOLEDE, MIT TE DETO	<b>L</b> V.L	3. Date Incorporated or Qualified 12/27/1989	3a. Date of Last Report 03/01/1996
11	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2983754	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Feo Regulred
City & State	9	City & State	~	6. Election Campaign Financing	\$5.00 May Be
3		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	
4	25 9. Name and Address of Currer	29	30	Florida Statutes  10. Name and Address of New Regis	
ΔDI	<del></del>	iit negistered Agent	81 Name	(b. Name and Address of New Regis	reten Yaeur
GRIFFIN, 885 N. WINTER PARK DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable)	
	SELBERRY FL 32707		<b>62</b> Siledt	Address (F.O. Box Number is Not Acceptable)	
			83		
			84 City		<b>■■ 85</b> Zip Code
11 Durement	to the provisions of Sections 607 (46)	12 and ED7 1509. Florida Statut	los the above named	corporation submits this statement for the nurr	FL of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a strong of Section 607, 7505. El	authorized by the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE	rit tarifild will, and accept the oding	ations of occion our bood, i'r	onda Statutes.		
	Signature, typed or printed name of registered ag-		[ · Ragistored Agent signature		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12  Change Addition
NAME	J. GREG GRIFFIN	CT preced	1.2 NAME	S CORFY COCHRAN	C) Change D) Addition
STREET ADDRESS	885 N. WINTER PARK DR.		1.3 STREET ADDRESS	COREY COCHRAN 885 U. WINTER PARK Or.	
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CiTY-ST-7iP	CASSELBERRY FC 3270"	7
TITLE	V	☐ DELETE	2.1 THLE		Change Addition
NAME :	MIKE CLINGER		2.2 NAME		
STREET ADDRESS	885 N. WINTER PARK DR.		2.3 STREET ADDRESS	٠	1
CITY-ST-ZIP TITLE	CASSELBERRY FL 32707	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	i i	Change Addition
NAMÉ:			3.1 MILE 3.2 NAME		Cit change Cit Modificit
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - S1 - ZIP		
TITLE	***************************************	DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY-SY-ZIP		Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME		Circularities Cir Monttoll
STREET ADDRESS			5.3 STREET ADDRESS		
Ofty-ST-ZIP			5.4 CHY-ST-ZIP		; 1
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		,
CITY-ST-ZIP			6.4 CITY- S1-ZIF		
				tated in Section 119 07(3)(i) Florida Statutes, L	

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 eath; 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.

(407)699-4638

**FILED** 

Apr 24 1997 8:00am

Secretary of State