

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L86357**

1. Entity Name  
**FRANK GRIFFIN CONSTRUCTION, INC.**



Principal Place of Business

**C/O LILLIAN H. GRIFFIN  
P O BOX 950508, 114 LONGWOOD LK MARY RD  
LAKE MARY, FL 32795-0508 US**

Mailing Address

**C/O LILLIAN H. GRIFFIN  
P O BOX 950508, 114 LONGWOOD LK MARY RD  
LAKE MARY, FL 32795-0508 US**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3044118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GRIFFIN, LILLIAN H.  
114 LONGWOOD-LAKE MARY ROAD  
LAKE MARY, FL 32746**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, LILLIAN P.O. BOX 950508 N/A LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOHR, LORRAINE P.O. BOX 950508 N/A LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRIFFIN, W. FRANK JR. P.O. BOX 950508 N/A LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80083-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine G. Lohr Lorraine G Lohr

1-14-2008

407-322-2154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #