2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86357

Entity Name: FRANK GRIFFIN CONSTRUCTION, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O LILLIAN H. GRIFFIN 114 LONGWOOD-LAKE MARY ROAD P O BOX 950508, 114 LONGWOOD LK MARY RD LAKE MARY, FL 32746

LAKE MARY, FL 327950508 US

Current Mailing Address:

C/O LILLIAN H. GRIFFIN P O BOX 950508 P O BOX 950508, 114 LONGWOOD LK MARY RD LAKE MARY, FL 327950508 US

LAKE MARY, FL 327950508 US

FEI Number: 59-3044118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRIFFIN, LILLIAN H. GRIFFIN, LILLIAN H PD 114 LONGWOOD-LAKE MARY ROAD 114 LONGWOOD-LAKE MARY ROAD

LAKE MARY, FL 32746 LAKE MARY, FL 32746

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.

SIGNATURE: LILLIAN H. GRIFFIN 02/12/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GRIFFIN, LILLIAN, GRIFFIN, LILLIAN H Name: Name: P.O. BOX 950508 N/A P.O. BOX 950508 N/A Address: Address:

City-St-Zip: LAKE MARY, FL City-St-Zip: LAKE MARY, FL 32795 US

STD Title: (X) Change () Addition Title: () Delete STD Name: LOHR, LORRAINE. Name: LOHR, LORRAINE G

P.O. BOX 950508 N/A P.O. BOX 950508 N/A Address: Address: LAKE MARY, FL 32795 US City-St-Zip: LAKE MARY, FL City-St-Zip:

() Delete Title: Title: (X) Change () Addition GRIFFIN, W. FRANK JR, . GRIFFIN JR., WILLIAM F Name: Name: P.O. BOX 950508 N/A P.O. BOX 950508 N/A Address: Address: City-St-Zip: LAKE MARY, FL City-St-Zip: LAKE MARY, FL 32795 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE G. LOHR STD 02/12/2009