FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -7 AM 10:53

DOCUMENT # **M98778** **(7)**

1. Corporation Name
GRIGGS AND SONS PLASTERING, INC.

Principal Place of Business	Mailing Address
RD 464 MOSS BLUFF RT. 1, BOX 522 OKLAWAHA FL 32179	RD 464 MOSS BLUFF RT. 1, BOX 522 OKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1988
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): County (25):
Zip (29): County (30):

4. FEI Number: 59-2912943 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMBERT, BEVERLY A.
2100 SE 17TH ST., STE. 300
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name: Colleen M Griggs
82 Street Address (P.O. Box Number is Not Acceptable): 9461 SE Hwy 464-C
83: Rt. 3 Box 522
84 City: Oklawaha FL 85 Zip Code: 32179

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: Colleen M Griggs Colleen M Griggs DST 6-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: A signature and signature captured when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	GRIGGS, JERRY P.	1.2 NAME	Jerry P. Griggs
STREET ADDRESS	RT. 1 BOX 522	1.3 STREET ADDRESS	9461 SE Hwy 464-C
CITY-ST-ZIP	OKLAWAHA FL	1.4 CITY-ST-ZIP	Oklawaha FL 32179
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	GRIGGS, TIMOTHY J.	2.2 NAME	Timothy J. Griggs
STREET ADDRESS	RT. 1 BOX 522	2.3 STREET ADDRESS	9461 SE Hwy 464-C Rt. 3 Box 522
CITY-ST-ZIP	OKLAWAHA FL	2.4 CITY-ST-ZIP	Oklawaha FL 32179
TITLE	DST	3.1 TITLE	DST ☐ Change ☐ Addition
NAME	GRIGGS, COLLEEN M.	3.2 NAME	Colleen M Griggs
STREET ADDRESS	RT. 1 BOX 522	3.3 STREET ADDRESS	Rt. 3 Box 522 9461 SE Hwy 464-C
CITY-ST-ZIP	OKLAWAHA FL	3.4 CITY-ST-ZIP	Oklawaha FL 32179
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	GRIGGS, LESTER	4.2 NAME	Lester J Griggs
STREET ADDRESS	RT. 1 BOX 522	4.3 STREET ADDRESS	9461 SE Hwy 464-C
CITY-ST-ZIP	OKLAWAHA FL	4.4 CITY-ST-ZIP	Oklawaha, FL 32179
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Colleen M Griggs Colleen M Griggs DST 6-3-95 904-288-6852
Signature and Typed or Printed Name of Officer or Director — Date — Daytime Phone #

0018366 CP