

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000074981

1. Entity Name
JOHN GRIFFITH & ASSOCIATES, INC.



FILED

07 AUG 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5313 WARREN ST
NAPLES, FL 34113

Mailing Address
5313 WARREN ST
NAPLES, FL 34113

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

08132007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3743245

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BLACKBURN, E. BERNARD~~
~~7701 JEWELL LN.~~
PO BOX 10301, NAPLES 34101
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name JOHN E GRIFFITH SR
Street Address (P.O. Box Number is Not Acceptable)
5313 WARREN ST
NAPLES, FL 34113
City FL Zip Code

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

John E Griffith Jr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRIFFITH, JOHN E SR ☐ Delete
STREET ADDRESS 5313 WARREN ST.
CITY-ST-ZIP NAPLES, FL 34113

TITLE V
NAME BLACKBURN, E B ☒ Delete
STREET ADDRESS 5313 WARREN ST.
CITY-ST-ZIP NAPLES, FL 34113

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300108704983
STREET ADDRESS 08/28/07--01033--008 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John E Griffith Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #