

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000015197 (6)**

1. Corporation Name

B.K. GRIFFIN, INC.

Principal Place of Business

**218 S PALAFOX STREET
PENSACOLA FL 32501**

Mailing Address

**218 S PALAFOX STREET
PENSACOLA FL 32501**



2. Principal Place of Business

21
State, Apt. #, etc.

22
City & State

23
Zip Country

24

25

2a. Mailing Address

26
State, Apt. #, etc.

27
City & State

28
Zip Country

29

30

9. Name and Address of Current Registered Agent

**GRIFFIN, BEVERLY K
218 S PALAFOX STREET
PENSACOLA FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.13(1)(b) 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 607.09(2)(b) Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GRIFFIN, BEVERLY K	
STREET ADDRESS	2001 E SCOTT STREET	
CITY-STATE-ZIP	PENSACOLA FL 32503	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of the corporation, and that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attached sheet with my initials.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

Do Not Print Name

CR2E034 (12/95)