FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000015197 (6)

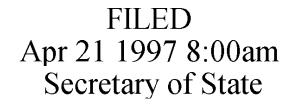
B.K. GRIFFIN, INC.

Principal	Place	of Bus	iness

218 8 PALAFOX STREET PENSACOLA FL 32501

Mailing Address

218 S PALAFOX STREET PENSACOLA FL 32501-4841





				3. Date Incorporated or Qualified 3a. Date of Last Report 12/14/1992 04/03/1996					
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number		J	pplied For	
21		26			59-3156587		N	ot Applicable	
Sulte, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State City & State 23 28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	7ip	Coun	try	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes				
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered A	gent		
GRIF	FIN, BEVERLY K			1 Name				•	
218 S PALAFOX STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
PEN	SACOLA FL 32501				deliber (1.6), box (16), ib (10) (10)	,			
			8	3		.,,,			
			Ę	i4 City		FL	85 Zip	Code	
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 Signature, typed or printed name of registered agont and life if applicable (NOTL Registered Agont signature required when reinstating) DATE									
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND [DIRECTO	RS IN 12	
TITLE	D	DEIFTE	13 101	í			Change	RS IN 12 G	
NAME	Griffin, beverly k		1.2 NAM	IE					
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CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CITY	-S1-ZIP] &	
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NAME			6.2 NAN						
STREET ADDRESS				E1 ADDRESS				•	
CITY-ST-ZIP		and the distriction of the second	6.4 CITY	- \$1 - 7 P	1. 9				

r up nereby certify that the information supplied with this filling 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 frue and accurate and that my signature shall have the same legal effect as if made under path; and an officer or director of the corporation or the receiver or fruits of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it manged, or an attachment with an address.