

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000029783 (6)

1. Corporation Name

GRIFFIN & 441 GAS AND OIL, INC.



Principal Place of Business

Mailing Address

4791 SOUTH STATE ROAD 7
DAVIE FL 33314

4791 SOUTH STATE ROAD 7
DAVIE FL 33314

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1993

3a. Date of Last Report

09/29/1995

4. FEI Number

65-0399985

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

QUINTANN, BEATRIZ
4791 SOUTH STATE ROAD 7
DAVIE FL 33314

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 607.0502 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 type: For principal place of business and state if applicable.

(If the Registered Agent signature required when registering.)

Date:

12.

OFFICERS AND DIRECTORS

TITLE

PT

☒

DELETE

NAME

KALICHMAN, DAVID

STREET ADDRESS

4791 SOUTH STATE ROAD 7

CITY - ST - ZIP

DAVIE FL 33314

TITLE

S

☒

DELETE

NAME

KALICHMAN, SHELLY

STREET ADDRESS

4791 SOUTH STATE ROAD 7

CITY - ST - ZIP

DAVIE FL 33314

TITLE

D

☐

DELETE

NAME

QUINTANN, BEATRIZ

STREET ADDRESS

4791 SOUTH STATE ROAD 7

CITY - ST - ZIP

DAVIE FL 33314

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

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)(c), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature of Principal

CR2E034 (3/96)