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

PROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # P93000051454 (5)

1. Corporation Name

GRIFFIN GROVES OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
1836 N CRYSTAL LAKE DR #64 LAKELAND FL 33801-6587	1836 N CRYSTAL LAKE DR #64 LAKELAND FL 33801-6587

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-3193907**	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
GRIFFIN, STEVEN P 1836 N CRYSTAL LAKE DR #64 LAKELAND FL 33801-6587	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, STEVEN P		1.2 NAME	
STREET ADDRESS	STAR ROUTE BOX 6A		1.3 STREET ADDRESS	
CITY-ST-ZIP	OLIVEBURG PA 15764		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, GRACE		2.2 NAME	
STREET ADDRESS	STAR ROUTE BOX 6A		2.3 STREET ADDRESS	
CITY-ST-ZIP	OLIVEBURG PA 15764		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, JASON E		3.2 NAME	
STREET ADDRESS	1836 N CRYSTAL LAKE DR #64		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801-6587		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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: _SIGNATURE ON FILE_ 1-22-98