

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000085344 (8)

1. Corporation Name

T.R. GRIF'S, INC.



Principal Place of Business

**11303 SHIPWATCH LANE
UNIT 1865
LARGO FL 34644
US**

Mailing Address

**11303 SHIPWATCH LANE
1865
LARGO FL 34644
US**

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 **11303 Shipwatch Ln**

2a. Mailing Address

26 **11303 Shipwatch Ln**

4. FEI Number

59-3214800

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

22 **Unit 1865**

27 **Unit 1865**

23 **LARGO FL**

28 **LARGO FL**

24 **34644**

25 **US**

29 **34644**

30 **US**

9. Name and Address of Current Registered Agent

**LANGFORD, RICHARD C
696 FIRST AVE N
SUITE 400
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

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 date of appointment

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **GRIFFITH, CARL B.**
STREET ADDRESS **11303 SHIPWATCH LANE #1865**
CITY - ST - ZIP **LARGO FL**

TITLE **VP** ☐ DELETE
NAME **ROBERTS, THOMAS W.**
STREET ADDRESS **P.O. BOX 175 N/A**
CITY - ST - ZIP **LINCOLN UNIVERSITY PA**

TITLE **S** ☐ DELETE
NAME **ROBERTS, LAURA G**
STREET ADDRESS **PO BOX 175 N/A**
CITY - ST - ZIP **LINCOLN UNIVERSITY PA**

TITLE **T** ☐ DELETE
NAME **GRIFFITH, CLARA C**
STREET ADDRESS **11303 SHIPWATCH LANE #1865**
CITY - ST - ZIP **LARGO FL**

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)(k), 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:

CARL B GRIFFITH *Carl B Griffith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

8135939474

DATE

Digitized by

CR2E034 (12/95)