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

• PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State

	WI 15	ORPORATIONS		
DOCUMENT # P9400033132 (9)  GRIFFIN FARM INC				
GRIFFIN FARM, INC.			J LERINGRU HIR COURT BEING BERNI ROTH	BARRI BARAN KRAN SINDE KANDA MINU KRAN 1801
himilari filmon of the pinger	Nacional Address			
hindipal Place of Business	Mailing Address			
11607 INNFIELDS DR ODESSA FL 33556	11607 INNFIELDS DR ODESSA FL 33556			
			3. Date Incorporated or Qualified	3a. Date of Last Report
			04/29/1994	01/25/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Scite, Apt. #. etc.	Suite, Apt. #, etc.	<del></del>	<u>59-3243431</u>	Not Applicable  \$8.75 Additional
<u> </u>	27		5. Certificate of Status Desired	Fee Required
Orb, K State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Gountry	Z <sub>(i)</sub>	Country	8. This corporation has liability for	ntangible tax under s. 199.032,
25 9. Name and Address of Cu	· · · · · · · · · · · · · · · · · · ·	30	Florida Statutes  Yes	
		81 Name	10. Name and Address of New R	aðisralari Höallr
GRIFFIN, JAMES B Pea	cock, Ray 18 Sunset Point R e 301 E cruster, FL 346	Street Add	dress (P.O. Box Number is Not Acceptab	le)
11607 INNFIELDS DR	in Sunset Point A	28		
ODESSA FL 99556	2 3241 E	83		
SOLA	water FL 346	2 84 City		FI 85 Zip Code
Fursuant to the provisions of Sections 607.0	0502 and 607.1508. Florida Statutes	the above named corpo	oration submits this statement for the nur	7 <b>1</b> 1 1
or registered agent, or both, in the State of F	forida. Such change was authorized	the energy of the rider object		
familiar with and acront the obligations of	Section 607 0505. Florida Statutos	by the corporation's boa	ard of directors. I hereby accept the appo	pintment as registered agent. I am
$\sim \sim $	Section 607.0505, Florida Statutes.	by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	bintment as régistered agent. Lam 11/97
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certify the information indicated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh, 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 or an attachment with an iddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED

2.25 96 813-887-1945