## 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 # P94000033132 (9)

GRIFFIN FARM, INC.

## **FILED** Jan 31 1997 8:00am Secretary of State

Principal Place of Business		Mailing Addre					
11607 INNFIELDS DR 11607 INNFIELDS DR ODESSA FL 33558 ODESSA FL 33558-5407							
						3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report 03/13/1996
2. Principal Place of Busine	ss	2a, Mailing Ad	Idress	······································		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt.	#. etc			59-3243431	Not Applicable  \$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & Staf	e			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Ζιρ	Country	28 Zip		Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
24 2	-n ´	29	}	30		This corporation has liability for Florida Statutes	Thiangible tax under s. 199.032,
	nd Address of Curren					10. Name and Address of New R	
PEACOCK, RAY				81	Name		
2348 SUNSET POINT RD SUITE E			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
CLEARWATER F	L 34625			83			
				L			
				64	City		FL 85 Zip Code
office or registered age agent. I am familiar with SIGNATURE	nt, or both, in the State, and accept the obliga	of Florida Such ch ations of, Section 60	ange was a 07.0505, Flo	uthorized by rida Statute	the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointment as registered
Signature, typed o	printed name of registered age		(NOTE		ent signature req	Jired when reinstating)	DATE DESCRIPTION IN THE
12.	OFFICERS ANI	D DIRECTORS	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change
NAME GRIFFIN, I	KIM A		PECETE	1.2 NAME			C ourside. Chargon
	FIELDS DR				ADDRESS		
CITY-ST-ZIP ODESSA	L 33556			1.4 CHTY-	ST-ZIP		
TITLE			DEFELE	2.1 TITLE			Change Addition
NAME GRIFFIN,	iames b Ifields DR			2.2 NAME			
ODEGGA					ADDRESS		
TITLE UDESSA I	L 00000		DELETE	2.4 CITY- 3.1 TITLE	51-217		Change Addition
NAME		_		3.2 NAME	1		
STREET ADDRESS				3.3 STREE	ADDRESS		
CITY-ST-ZIP				3 4. CITY-	ST-ZIP		
TITLE		L	DELETE	4.1 TITLE			Change Addition
NAME STREET ADDRESS				4. 2 NAME	ADDRESS		
CITY-ST-ZIP				4.3 STMEE 4.4 CITY -			
TITLE	***************************************		DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	ADDRESS		
COY-ST-ZIP			DELETE	5.4 CHTY-	ST - ZIP		Change
TITLE NAME		لسا	DEFEIF	6.1 T/TLE 6.2 NAME	1		Change Addition
NAMIC				6.3 STREE	r ADDRESS		
STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP				6.4 CITY-			

**SIGNATURE:**