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

Mailing Address

NE 34TH AVENUE

PROFIT CORPORATION ANNUAL REPORT

1997

NE 34TH AVENUE AND US HIGHWAY 301

Principal Place of Business



appears in Block 12 or Block 13 if changed for on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

96/6)

2/1/1997 (904)964-55-31

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043879 (3)

GRIFFIS & SONS FIBERGLASS, INC.

STARKE FL 32091 P.O. BOX 100 STARKE FL 32091-0100 3. Date Incorporated or Qualified 3a. Date of Last Report 06/08/1994 04/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3254688 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, MICHAEL W ESQ. **4046 NEWBERRY ROAD** Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32607 83 84 City Z_P 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 prictions are of registered agent and tile it appropable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THLE 11 TITLE Change Addition GRIFFIS, WOODROW D SR. NAME 12 NAME N. E. 39TH AVENUE AND U.S. HIGHWAY 301 STREET ADDRESS 13 STREET ADDRESS STARKE FL 32091 CHY-ST-7-P 14 CiTY - ST - ZiP DELETE Change TIFE Addition 2.1 TITLE **GRIFFIS, PAULINE O** NAME 22 NAME N. E. 39TH AVENUE AND U.S. HIGHWAY 301 STREET ADORESS 2.3 STREET ADDRESS STARKE FL 32091 CITY - ST - 7:E 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZII 3 4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST ZIE 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ALDRESS 5.3 STREET ADDRESS CITY-ST ZIP 5.4 CITY - ST - ZIP DELETE TIBLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7IP 6.4 CITY - ST-ZIP

14. I do here by 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 officetor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name