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

PROFIT CORPORATION



Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS

DOCUMENT # P94000047957 (3) FRANK J. GRIFFITH, JR., P.A. Principal Place of Business Mailing Address 1970 MICHIGAN AVE. 1970 MICHIGAN AVE. BUILDING E COCOA FL 32922 BUILDING E DO NOT WRITE IN THIS SPACE GOCOA FL 32922 3. Date Incorporated or Qualified 06/22/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3263900 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 30 ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 GRIFFITH, FRANK J JR 1970 MICHIGAN AVE. Street Address (P.O. Box Number is Not Acceptable) **BUILDING E** 83 COCOA FL 32922 City Zip Code 85 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 DELETE 11 TITLE ☐ Change Addition TITLE GRIFFITH, FRANK J JR 1.2 NAME NAME 1970 MICHIGAN AVE., BLDG. E STREET ADDRESS 1.3 STREET ADDRESS COCOA FL 32922 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 3 1 TITLE Change NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS. CITY - ST- ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 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 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP

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:

1-12-98 407-6390505

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