

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000014935 (7)**

1. Corporation Name

GRYPHUS FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**1390 MAIN ST.
SARASOTA FL 34236**

**1390 MAIN ST.
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1995

4. FEI Number

65-0557704

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1830 S. Osprey Ave.

Suite, Apt. #, etc.

22 Suite 100A

City & State

23 Sarasota, FL

Zip

24 34239

Country

25 USA

2a. Mailing Address

26 P.O. Box 728

Suite, Apt. #, etc.

City & State

28 Sarasota, FL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MCCURDY, JEFFREY
1390 MAIN ST
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1830 S. Osprey Ave

Suite 100A

Sarasota,

City

FL

85 Zip Code

34239

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

TITLE ☐ DELETE

**DPT
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 1390 MAIN ST.
CITY-ST-ZIP SARASOTA FL**

TITLE ☐ DELETE

**VPS
NAME MCCURDY, JEFFREY
STREET ADDRESS 1390 MAIN ST
CITY-ST-ZIP SARASOTA FL**

TITLE ☐ DELETE

**VP
NAME SHARP, RUSSELL
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL 34236**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

**1830 S. Osprey Ave. Suite 100A
Sarasota, FL 34239**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1830 S. Osprey Ave. Suite 100A
Sarasota, FL 34239**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**1830 S. Osprey Ave. Suite 100A
Sarasota, FL 34239**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

[Signature]

3/30/98 (941) 316-6818

CR2E034 (10/97)