SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999, AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #**

P95000023375

GRIFFERCO, INC.

Principal Place of Business

8488 W. HILLSBOROUGH AVE. **TAMPA FL 33615**

Principal Place of Business

Suite, Apt. #, etc.

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22

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Zip

Mailing Address

8488 W. HILLSBOROUGH AVE.

TAMPA FL 33615

Mailing Address

Suite, Apt. #, etc.

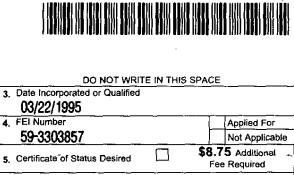
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Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90007 021 ***550.00



City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes the current year Yes **V**I No 29 25 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name GRIFFITH, M. GARY Street Address (P.O. Box Number is Not Acceptable) 8488 W. HILLSBOROUGH AVE.

	83	
	84	City B5 Zip (
s, the abo	ove-	named corporation submits this statement for the purpose of changing its re

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was authorized by

agent, i	an laminal with, and accept the obligations of, secur	111 001 .0000, 1 10110	ia Otatutes.			
SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable		ature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	GRIFFITH, M. GARY		1.2 NAME			
STREET ADDRESS	8488 W. HILLSBOROUGH		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP			
TITLE	CT	DELETE	2.1 TITLE		Change Addition	
VAME	GRIFFITH, KAY E	_	2.2 NAME	<u> </u>	•	
STREET ADDRESS	8488 W. HILLSBOROUGH	~	2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634		2.4 CITY-ST-ZIP	_		
TITLE		DELETE	3.1 TITLE		Change Addition	
AME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS	i		
CITY-ST-Z(P			3.4 CITY-ST-ZIP			
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IAME			4.2 NAME	į		
TREET ADDRESS		- ,,	4.3 STREET ADDRESS			
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TY-ST-ZIP			6.4 CITY-ST-ZIP			

4. 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.

3IGNATURE: