Date Due: 05/01/97 Amount Due: 165.00 ~~$200.00~~ If After Due Date: 180.00 ~~$225.00~~

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 12 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT # P96000027939

MICHAEL S. GRIFFITHS, INC.
11502 7TH LANE NORTH, #1403
ST. PETERSBURG, FL 33716

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: 3-25-96
3a. Date of Last Report:

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 59-3372831 — Applied For / Not Applicable

2. Mailing Address (21)
2a. Principle Place of Business (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MICHAEL S. GRIFFITHS
11502 7TH LANE NORTH #1403
ST. PETERSBURG, FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City — FL — 85 Zip Code — 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ (Registered Agent Accepting Appointment) DATE _____

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/S/D
1.2 NAME	MICHAEL S. GRIFFITHS
1.3 ADDRESS	11502 7TH LANE NORTH #1403
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	400002178524--7
3.3 ADDRESS	-05/14/97--01097--015
3.4 CITY-ST-ZIP	****165.00 ****165.00
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE _____ DATE _____

Print/Type Name of Signing Officer or Director: Michael S. Griffiths — Title/Title: President — Daytime Telephone Number: (813) 577-6776

FOLD ◀ ▶ FOLD