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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000031462 (0) DOCUMENT #

FILED Feb 11 1998 8:00am Secretary of State

GRIFFITH & HILLMAN, INC. Principal Place of Business Mailing Address 11920 31ST COURT N. 11920 31ST COURT N. ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3372445 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. □ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIFFITH, JAMES 3901 HELENA ST. N.E. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33703 83 84 City 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 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 protect name of registered agent and littled applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE **GRIFFIITH, JAMES** NAME 1.2 NAME 3901 HELENA STREET N.E. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33703 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 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 13 of chapter 607, or on an attachment with an address.

SIGNATURE:

JAMES GRIFFISH

1- 15 98 (813)572.4243