

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY -1 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064699
1. Corporation Name

GRIFFON & COMPANY, INC.

Principal Place of Business Mailing Address
812 S.W. 6th Ave. 812 S.W. 6th Ave.
Cape Coral, Fl 33991 Cape Coral, Fl 33991

3. Date Incorporated or Qualified 08/01/1996	3a. Date of Last Report
4. FEI Number 65-0684013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2701 Cleveland Ave. Suite, Apt. #, etc. 22 Suite 1B City & State 23 Fort Myers, Fl Zip 24 33901	2a. Mailing Address 25 2701 Cleveland Ave. Suite, Apt. #, etc. 27 Suite 1B City & State 28 Fort Myers Zip 29 33901	Country 30
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9. Name and Address of Current Registered Agent
GRABOWSKI, WAIVERLY A.
812 S.W. 6th Ave.
Cape Coral, Fl 33991

10. Name and Address of New Registered Agent
81 Name Robert A. Campbell
82 Street Address (P.O. Box Number is Not Acceptable)
2701 Cleveland Ave.
83 Suite 1B
84 City Fort Myers, FL 85 Zip Code 33901

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 *Robert A. Campbell* Robert A. Campbell 4-28-97
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRABOWSKI, WAIVERLY A.	
STREET ADDRESS	812 S.W. 6th Ave.	
CITY-ST-ZIP	Cape Coral, Fl 33991	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ROBERT A.	
STREET ADDRESS	9131 College Pkwy #13-B	
CITY-ST-ZIP	Fort Myers, Fl 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800002167338-6
1.3 STREET ADDRESS	-05/06/97-01065-024
1.4 CITY-ST-ZIP	***165.00 ***165.00
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2701 Cleveland Ave., Suite 1B
2.4 CITY-ST-ZIP	Fort Myers, Fl 33901
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 REQUIRED *Robert A. Campbell* 4-28-97 941-337-5077