SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600068984 (9)

GRIFFIN HEAVY EQUIP. REPAIR, INC.

Principal Place of Business

Mailing Address

13880 54TH LN N ROYAL PALM BEACH FL 33411 13880 54TH LN N ROYAL PALM BEACH FL 33411

FILED 97 JUL 25 AN 10: 49



								- 1		U	O NOT W						
								3	. Date Inc	orporated	d or Qualit	fied	3a. Dat	te of La	ast Rep	oort	٦
									08/16/	1996							
al Place of Busin	ness	2a	. Mailing Ac	dress	*****			4		her		7 A			App	led For	
		26							65	-06	0Y 0	l 7ረ	0		Not	Applicable	3
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Osaitisa			_		\$8.	75 Ad	ditional	
		27						"	5. Certificate of Status Desired Fee Required								
State			City & Stal	te		,		6	. Election	Campaig	n Financii	ng	·	\$5	.00 м	lav Be	
		28							Trust Fur	nd Contril	bution						
	Country	1	Zip		Соц	untry		8	. This corp	ogration of	owes or ha	as paid	the curr	ent yea	ar Intar	gible	
	25	29			30				Personal	Property	Tax due	June 3	o. 🗀] Yes		No	ĺ
9, Name	and Address of Current	Regis	stered Agen	nt .				10). Name a	nd Addre	ss of Ne	w Regi	stered A	gent			
GRIFFIN, LISS	Ā					81	Name										1
13880 54 TH LN N						02	Ctroot	Addross (D O Day I	lumbor is	Not Aco	ontoblo			-		┥
						02	Street	Address (,P,O. BOX I	number is	S INDI ACCE	ehispie	,				ı
ING THE THEM	DENOTITE GOVERN					83							· · · · · · · · · · · · · · · · · · ·				┪
						Ш											
						84	City						FI	85	Zip Co	ode	1
ant to the provis	ions of Sections 607 0502	and f	607 1508 FI	orida Statut	es the a	hove	e-named	Corporation	on submits	this state	ement for	the pur		chang	ina its	renisteren	Н
or registered ag	ent, or both, in the State of	of Flori	ida. Such ch	ange was a	authorize	d by	the corp	poration's	board of o	lirectors.	I hereby a	accept	the appo	pintmer	nt as re	gistered	
i. I am lamiliar w	ith, and accept the obligat	tions o	of, Section 60	07.050 5, FK	orida Sta	itutes	S.										1
RE Sleenhije broos	t as culoted a smo of registered a con-) and title	in d applicable	CNOT	F: Dagistara	nd &an	nt sinnat, ro	n required who	on toinelation)				DATE				
olgrinde, typet				(40)			III BIBLIOLE	a required with		IS/CHAN	GES TO C	OFFICE		DIREC	TORS	IN 12	_
<u> </u>				DELETÉ	_			T							<u> </u>		1
ARIFFIN	I ONNIF A				12 N	1AAAF			E	100		225	522	2:31		-4	
	, LONNIE A 4TH IN N				1.2 N		ADDDECC		C	الالالا	-07/3	225 30/9	522 701	2:31 045	00	- -4)1	
ess 13880 5	4TH LN N	1			1.3 S	TREET	ADDRESS		E	100	-07/3	30/97	701	045	00)1	
ess 13880 5		1		DELETE	1.3 S 1.4 C	TREET					-07/3	30/97	522 701 00	045 ***	00 *169	01 .00	
ess 13880 5	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T	STREET SITY - S ITLE					-07/3	30/97	701	045	00 *169)1	
ESS 1880 5 ROYAL 1	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N	TREET CITY - S TILE IAME	T-ZIP				-07/3	30/97	701	045 ***	00 *169	01 .00	_ 1
ess 13880 5	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	STREET CITY-S TILE HAME STREET	T-ZIP ADDRESS				-07/3	30/97	701	045 ***	00 *169	01 .00	_ }
ESS 1880 5 ROYAL 1	4TH LN N	1			1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (STREET CITY - S TITLE IAME STREET CITY - S	T-ZIP ADDRESS				-07/3	30/97	701 00	045 **** Cha	00 *169 inge	01 - 00 □ Addition	
ESS 1880 5 ROYAL 1	4TH LN N	1		DELETE DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (3.1 T	STREET CITY - S ITLE MAME STREET CITY - S ITLE	T-ZIP ADDRESS				-07/3	30/97	701 00	045 ***	00 *169 inge	01 .00	
ESS 1880 5 ROYAL 1	4TH LN N	1			1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	STREET SITUE HAME STREET CITY-S STREET	T-ZIP ADDRESS ST-ZIP				-07/3	30/97	701 00	045 **** Cha	00 *169 inge	01 - 00 □ Addition	
ESS 1880 5 ROYAL 1	4TH LN N	1			1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	CITY-S TITLE FAME STREET CITY-S TITLE FAME STREET CITY-S TITLE FAME STREET	T-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 **** Cha	00 *169 inge	01 - 00 □ Addition	
ESS 1880 5 ROYAL 1	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	STREET CITY - S TILE STREET CITY - S TILE STREET CITY - S TILE STREET CITY - S CITY - S	T-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 *** □ Cha		1 . 00 	
ESS 1880 5 ROYAL 1	4TH LN N	1			1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	STREET CITY - S ITLE IAME STREET CITY - S ITLE IAME STREET CITY - S ITLE CITY - S ITLE	T-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 **** Cha		01 - 00 □ Addition	
ESS 1880 5 ROYAL 1	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	STREET CITY - S TILE STREET CITY - S TILE STREET CITY - S TILE STREET CITY - S CITY - S	T-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 *** □ Cha		1 . 00 	
ESS 1880 5 ROYAL 1	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 . (4.1 T 4.2 P	STREET STREET STREET STREET CITY-S STREET	T-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 *** □ Cha		1 . 00 	
ESS 18880 5 ROYAL	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C	STREET STREET STREET COTY-S STREET COTY-S STREET COTY-S STREET COTY-S COTY-S	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 ₩₩₩: Cha		OO Addition Addition	
ESS 18880 5 ROYAL	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T	STREET CITY-S ITLE IAME STREET CITY-S ITLE IAME STREET CITY-S ITLE IAME STREET CITY-S ITLE	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 *** □ Cha		1 . 00 	
ESS 18880 5 ROYAL	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C	STREET CITY-S ITLE IAME STREET CITY-S ITLE IAME STREET CITY-S ITLE IAME STREET CITY-S ITLE	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 ₩₩₩: Cha		OO Addition Addition	
ESS 18880 5 ROYAL	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N	STREET STREET STREET COTY-S STREET COTY-S STREET COTY-S STREET COTY-S STREET ST	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS				-07/3	30/97	701 00	045 ₩₩₩: Cha		OO Addition Addition	
ESS 1880 5 ROYAL I	4TH LN N	1		DELETE DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	STREET STREET STREET COTY-S STREET COTY-S STREET COTY-S STREET COTY-S STREET ST	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS				-07/3	30/97	701 00	045 ₩₩₩: Cha		D1 D0 Addition Addition Addition	
ESS 1880 5 ROYAL I	4TH LN N	1		DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	TREET TITLE TAME TREET CITY-S TITLE TAME TREET CITY-S TITLE NAME TREET CITY-S TITLE NAME TREET CITY-S TITLE NAME TREET CITY-S TITLE NAME TREET CITY-S TITLE TREET TR	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS				-07/3	30/97	701 00	045 ₩₩₩: Cha	*165 nge	OO Addition Addition	
ESS 1880 5 ROYAL I	4TH LN N	1		DELETE DELETE	1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	STREET STREET STREET STREET COTY-S STREET COTY-S STREET STREET STREET STREET STREET STREET STREET STREET	T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS				-07/3	30/97	701 00	O45 ★本本 Cha Cha Cha	*165 nge	D1 D0 Addition Addition Addition	
	PAPI. #, etc. State 9, Name GRIFFIN, LISS 13880 54TH L ROYAL PALM Pant to the provision or registered as or registered as the lam familiar with the provision of the provisi	Country 25 9, Name and Address of Current GRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 pant to the provisions of Sections 607.0502 or registered agent, or both, in the State to I am familiar with, and accept the obligative Signature, typed or printed name of registered agen OFFICERS AND	Apt. W, etc. State Country 25 29 9, Name and Address of Current Regi GRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 ant to the provisions of Sections 607.0502 and a cor registered agent, or both, in the State of Flori. I am familiar with, and accept the obligations of RE Signature, typed or printed name of registered agent and till OFFICERS AND DIRE	Apt. #, etc. Suite, Apt 27 State Country 25 P, Name and Address of Current Registered Ager GRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 ant to the provisions of Sections 607.0502 and 607.1508, Fine or registered agent, or both, in the State of Florida. Such of the 1 am familiar with, and accept the obligations of, Section 6 RE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	Apt. #, etc. State Country 25 9, Name and Address of Current Registered Agent GRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 and to the provisions of Sections 607.0502 and 607.1508, Florida Statut or registered agent, or both, in the State of Florida. Such change was to registered agent, and accept the obligations of, Section 607.0505, Florida Statut or registered agent, or both, in the State of Florida Such change was to registered agent and title if applicable. RE Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS	Apt. #, etc. State City & State Country Zip QRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 Pant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the actor registered agent, or both, in the State of Florida Such change was authorized. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. RE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. DELETE	Apt. #, etc. Suite, Apt. #, etc. 27 State City & State Country 25 29 30 QRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 Balant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by the 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. RE Signature: typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. 11TIILE	Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Refirm, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 Bay To registered agent, or both, in the State of Florida. Such change was authorized by the cort. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. RE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Florida State Bay Country Zip Country Agent Signature Signature to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named on registered agent and title if applicable. (NOTE: Registered Agent signature of the control of the con	Place of Business 2a. Mailing Address Apt. #, etc. Suite, Apt. #, etc. City & State Country 25 29 30 Country 25 29 30 Country 41 CRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 B1 ROYAL PALM BEACH FL 33411 B2 Street Address of Current Registered Agent and title if applicable. Apt. #, etc. E Country 29 30 Country 40 City & State Country 41 82 Street Address of Current Registered Agent and title if applicable. (NOTE: Registered Agent signature required with OFFICERS AND DIRECTORS 13.	D8/16/ D8	Apt. #, etc. Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 28 Name and Address of Current Registered Agent GRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Apt. #, etc. Country Zip Country B. This corporation of Personal Property 10. Name and Address of Current Registered Agent Street Address (P.O. Box Number is expected agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. RE Storature, typed or printed name of registered agent and tille if applicable. OFFICERS AND DIRECTORS DELETE 1.1 TITLE	Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country B, Name and Address of Current Registered Agent CRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 Cannot be provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby in the amount of the provisions of Sections of Sections 607,0502 and 607,0505, Florida Statutes. RE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO 6	Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country S, Name and Address of Current Registered Agent GRIFFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 Batto the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 amount of the purined name of registered agent and tilled applicable (NOTE: Registered Agent signature required when reinstaining) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 29 30 Country 4, FEI Number 6, Election Campaign Financing Trust Fund Contribution Personal Property Tax due June 30. REFIN, LISSA 13880 54TH LN N ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 3411 RO	Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #,	Suite Apt. #, etc. Suite Suite Apt. #, etc. Suite Added to Suite Added to Added to	Applied For Not Applicable Applied For Not Applied For

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DID not RECIENCE 1ST REPORT.

T CALLED MONDAY FOLLOWING

THE FRIDAY & RECIEVED THE SECOND

REPORT + WAS TOLD TO SEND

NOTE & CHEEK IN THE AMOUNT OF

THE IST REPORT FEE. THANK YOU

FOR UNDERSTANDING.

Mrs Lissa Griffin Mrs Luser Dryfin

V.P. BKKPR. SEC. OF Griffin Heavy Equip Rep.