FILED

Apr 21, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000079350

1. Corporation Name

GRIFFITH HOLDING CORPORATION

Principal Place	e of Business	Mailing Address			1						
777 E. ATLANTI	C AVE	777 E. ATLANTIC AVE									
SUITE J		SUITE J				-	O NOT METE	IN THIS	en.c	_	
DELRAY BEACH	i FL-33483	DELRAY BEACH FL 33483			\	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
US					. 3.	•	or Qualiled				
						<u>09/23/1996</u>				1.	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For		
21		26				65-0698180			Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.						. Certifcate of Statu	s Desíred]			
22 27										ee Req	
City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23	28				Trust Fund Contri					Fees	
Zip Country Zip			Country			. This corporation of		year Inta			¬
24 25 29 30						Personal Property			☐ Ye	s L	⊒No
ļ	9. Name and Address of Current	Registered Agent). Name and Addre	ess of New Reg	istered A	Agent		
) OD:E	FITTL ODECODY W		81	Nan	ne						
GRIFFITH, GREGORY W				82 Street Address (P.O. Box Number is Not Acceptable)							
777 E ATLANTIC AVE											
SUITE J			83								
DELF	RAY BEACH FL 33483		84	City		<u></u>			85	Zip Co	nde
			04	City				FL	03	Zip Ci	ide .
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes.	•	ure required when		-	DATE		as regi	
12.	OFFICERS AN		13.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AN	D DIR	ECTOR	RS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE						Ch	ange	☐ Addition
NAME	GRIFFITH, GREGORY W		1.2 NAME								
STREET ADDRESS	777 E ATLANTIC AVE, SUITE J		1.3 STREET	I ADORE	22:						
	DELRAY BEACH FL 33483		1.4 CITY-ST		~						
CITY-ST-ZIP	DELTAT BEACH PE 33403			2.1 TITLE					□Ch	ange	Addition
					Ì				_	•	_
NAME	GRIFFITH, JOYCE A		2.2 NAME								
STREET ADDRESS				ADDRE	SS						
CITY-ST-ZIP	DELRAY BEACH FL 33483	☐ DELETE	2.4 CTY+5				. j#		[i] Ch	0000 >	Addition
TITLE	a un until production of the comment	(DELETE	3.1 TITLE				• .= •	•		ariyo	☐ Accinon
NAME	•		3.2 NAME								
STREET ADDRESS			3.3 STREET	ADDRE	SS						
CITY-ST-ZIP			3.4. CITY-S	T-ZIP							["] Addition
TITLE		☐ DELETE	4.1 TITLE						□ CH	ange	Addition
NAME	•		4.2 NAME								
STREET ADDRESS		,	4.3 STREET	ADDRE	SS						İ
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE						☐ Ch	ange	☐ Addition
NAME		1	5.2 NAME								
STREET ADDRESS	•	1	5.3 STREET	FADDRE	ss						
CITY-ST-ZIP			5.4 CITY-S1	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE						[] Ch	ange	Addition
\ -			FMAN CR		l l						

14. 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, with all either like empowered.

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR