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

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CORPORATION
ANNUAL REPORT

1997

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SIGNATURE AND TYPED OR PRINTED NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000083289 (4)

GRIFFIN SERVICE GROUP OF FLORIDA, INC.

Principal Place of Business Mailing Address 148 N. RIDGEWOOD AVENUE 148 N. RIDGEWOOD AVENUE DAYTONA BEACH FL 32114-3242 DAYTONA BEACH FL 32114 3. Date Incorporated or Qualified 3a. Date of Last Report 10/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-34078 21 26 Not Applicable Suito, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z(p)Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Ho 24 25 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRIFFIN, GARY S 148 N. RIDGEWOOD AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 83 84 Zip Code 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. Signal to tryping or printed name of registered agent and blin if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE Change Addition 1010 1.1 TITLE GARYS, GRIFFIN NAME 1.2 NAME R2E034 148 N. Ridgewood Are STREET ADDRESS 1.3 STREET ADDRESS FL 32114 Dautona Beach 1.4 CITY-ST-ZIP City Styze Change DELETE Addition 111.F 2.1 TITLE N/M 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-SI 7P DELETE Change Addition THUE 3.1 TITLE 32 NAME STREET LACKDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-7IP City - S1 - 7if DELETE 4.1 TITLE ☐ Change ☐ Addition NAME **4.2 NAME** SHEET ADDRESS 4.3 STREET ADDRESS CHY- S1 - Zit 4.4 CITY-ST-ZIP DELETE Change Addition 1 ILF 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP -CHY-ST- ZIP DELETE 1111 6.1 TITLE Change Addition 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS COY-SLZP 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

FILED
May 09 1997 8:00am
Secretary of State



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