**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092498

1. Corporation Name

THE GRI	FFIN SALES GROUP, INC.				I SERVEDA DE LOGICE ANGLERANT ERVI ERVI ERVI ERVE ERVE		
Principal Place of Business Mailing Address							
9915 SW 41ST RD 9915 SW 41ST RD GAINESVILLE FL 32608 GAINESVILLE FL 32608					DO NOT WRITE IN THIS SE	'ACE	
					3. Date Incorporated or Qualifed		
					11/12/1996		İ
Principal Place of Business     2a. Mailing Address					4. FEI Number	Apr	lied For
□ · · · · · · · · · · · · · · · · · · ·			(vicinity)		59-3408575	Not	Applicable
\		Suite, Apt. #, etc.				\$8.75 A	
		<b>⊢</b>			5. Certificate of Status Desired	Fee Rec	
22 City 8 Ct-tr					6 Floring Compaign Financing	\$5.00	
City & State City & State		Ь '			6. Election Campaign Financing Trust Fund Contribution	Added to	,
Zip			Countr	y	8. This corporation owes the current year Intang	jible	
24	25 29 30		5		Personal Property Tax.	Yes	□No
	9. Name and Address of Current				10. Name and Address of New Registered Ag	ent	
			8	l Name			
GRIFFIN, SHAWN			8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
9915 SW 41ST RD				' '			
GAINESVILLE FL 32608			8:	3			Ì
			8	4 City	FL	85 Zip C	ode
				<u> </u>		in its :	anistored
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							istered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statute	S.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Re	wietered Ac	ent sionatura require	d when reinstating) DATE		· · · · · · · · ·
12.	3 1 // 0 0		13.	on alguara o raquir	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GRIFFIN, SHAWN		1.2 NAME				
STREET ADDRESS	9915 SW 41ST RD			ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			)
TITLE			2.1 TITLE			] Change	☐ Addition
NAME	<del>-</del>		2.2 NAME				
STREET ADDRESS	·		2.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.1 TI		3.1 TITLE	1		_] Change	☐ Addition
NAME	32 N		3 2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4 CITY				
TITLE		☐ DELETE	. 4.1 TITLE		L	☐ Change	☐ Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS	•		ļ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE			5.1 TITLE			Change	☐ Addition
NAME			5 2 NAME				ľ
STREET ADDRESS			5.3 STRE	ET ADDRESS			

CITY-ST-ZIP 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 of 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, of or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

317) 3730887

☐ Change

☐ Addition

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90261 024 \*\*\*150.00