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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102163

1. Corporation Name

DON GRIFFIN DIST. INC.



Principal Place of Business

18823 SAKERA ROAD
HUDSON FL 34667

Mailing Address

18823 SAKERA ROAD
HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

59-3416225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 30431 Commerce DR
Suite, Apt. #, etc.

22 San Antonio FL
City & State

23
Zip Country

24 33576 25 PASCO

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29 30

9. Name and Address of Current Registered Agent

GRIFFIN, DON
18823 SAKERA ROAD
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME GRIFFIN, DON
STREET ADDRESS 18823 SAKERA RD
CITY-ST-ZIP HUDSON FL

TITLE S
NAME GRIFFIN, MURIEL
STREET ADDRESS 18823 SAKERA RD
CITY-ST-ZIP HUDSON FL

TITLE VP/Operations
NAME HARDY, TOM
STREET ADDRESS 18823 SAKERA RD
CITY-ST-ZIP HUDSON FL 34667

TITLE
NAME BRYAN GRIFFIN
STREET ADDRESS vice pres
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 30431 COMMERCE DRIVE
1.4 CITY-ST-ZIP SAN ANTONIO, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 30431 COMMERCE DRIVE
2.4 CITY-ST-ZIP SAN ANTONIO, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP
4.2 NAME BRYAN GRIFFIN
4.3 STREET ADDRESS 30431 COMMERCE DRIVE
4.4 CITY-ST-ZIP SAN ANTONIO, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 other like empowered.

SIGNATURE:

MURIEL GRIFFIN 3-16-99 352-588-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)