2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102163

1. Entity Name

DON GRIFFIN DIST. INC.

Principal Place of Business

Mailing Address

20/21 COMMEDCE DETUE

30431 COMMERCE DRIVE

FILED May 19, 2000 8:00 am Secretary of State

05-19-2000 90049 027 ***150.00

SAN	ANTONIO, FL 33	576 SAN ANTON	IIO, F	L 33576	PANATAL			
2 Principal II	Place of Business	3. Mailing Address						
z. Filicipal F	ace of business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	e	City & State			4. FEI Number		Applied For	
_ —					59-3416225		Not Applicable	
Zip 	Country	Zip	Country	<i>'</i>	5. Certificate of Status Desired	\$8.75 A	dditional red	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Regis	tered Agent		
			-	Name				
GRIFFIN, DON 30431 COMMERCE DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
		3576	Γ	<u> </u>				
	·			City		FL Zip Co	de	
8. The above	named entity submits this statemer	at for the purpose of changing i	its registered	office or register	red agent, or both, in the State of Florida.			
51 1110 45010	that the state of	in too the purpose of orderiging i	no registores	Onice or register	ed agent, or oom, in the state of morida.			
CIONIATUDE								
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (NC	OTE: Registered A	gent signature required	when reinstating)	DATE		
Tax filing re	oration is eligible to satisfy its Intang equirement and elects to do so. ia on back)	FILE NOV After MAY 1, 2 Make Check Pays		ill be \$550.00	10. Election Campaign Financir Trust Fund Contribution.		00 May Be ed to Fees	
		ND DIRECTORS	12.	termination of the second	ADDITIONS/CHANGES TO OFFICER	C AND DIDECTO	DC IN 11	
11. TITLE		Delete	TITLE		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR		
NAME	P CRIEFIN DON	Delete	NAME	Ì		<u> Попануе</u>	Modifier	
STREET ADDRESS	GRIFFIN, DON			ADDRESS				
CITY-ST-ZIP	SAN ANTONIO, F		CITY-S	r-zip				
TITLE		□ Delete	TITLE			☐ Change	Addition	
NAME	S MUDIE		NAME	Ì				
STREET ADDRESS	GRIFFIN, MURIE		STREET	ADDRESS				
CITY-ST-ZIP	30431 COMMERCE		CITY-ST	r-zip				
TITLE	SAN ANTONIO, F		TITLE			☐ Change		
NAME	VP		NAME				Addition	
TOTET ADDRESS	GRIFFIN, BRYAN		IAMORE	ĭ		- Containing	Addition	
SINEET AUDRESS				ADDRESS		- Colonige	Addition	
	30431 COMMERCE			1		Onlinge	Addition	
CITY-ST-ZIP		 	STREET	1				
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hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

3/23/00 (352) 588-0311

Daytime Phone #