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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000079410

Principal Flace of Business
1830 S OSPREY AVE STE 100A SARASOTA FL 34239 US

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90118 048 \*\*\*150.00

GRIFFIN HOLDING COMPANY II, INC.				) (	Bass (Bass (Bist Biss)	NAN BAN LARI
Principal Flace	e of Business	Mailing Address			10111 10010 10111 DIERI 1	(B)   UD() 100
1830 S OSPREY		POB 728				
STE 100A		SARASOTA FL 34230		DO NOT WRITE IN I	THE SDACE	
SARASOTA FL	34239	US		3. Date ncorporated or Qualifed	115 SPACE	
03				09/12/1997		
2 Different Pl	ace & Business	2a. Mailing Address		4. FEI Number	Apr	olied For
2 P ( )	X 60 x 05	26		59-3505151	<u> </u>	Applicable
Suite, /\pt.	#, etc.	Suite, Apt. #, etc.			\$8.75	dditional
22		27		5. Certificate of Status Desired	Fee Rec	quired-
City & State	20 - 1 0 T/	City & State		6. Election Campaign Financing	\$5.00 6	
23	asoru FL	28		Trust Fund Contribution	Added to	Fees
_ ZPD /1~	30 - Country 1	Zip	Country	8. This corporation owes the current year		Пы-
24 0 6	100 25 USA		30	Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Registe	1 su Agent	
MCC	CURDY, JEFFREY		U I I I I I I I I I I I I I I I I I I I		. <u> </u>	
	- S OSPRE AVE		82 Street	Artifass (P.O. Bicx Number is Not Acceptable)	Trail	į
STE			83	1 - 4 %	<u>. 17911</u>	
	A <del>SOTA</del> FL 34239			lite 40		
			84 City	avacata	F L   85   250	1336 l
41 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute:	s the above-named	corporation submits this statement for the purpos	e of changing its	registered
-ff	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	thorized by the corpo	oration's board of directors. I hereby accept the a	ppointment as reg	jistered
	m tarmilar with, and accept the obliga	ions of, Section 607.0303, Flori	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agei	t and title if applicable. (NO E: I	Registered Agent signature r	et uired when reinstating) DAT		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	PTD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	GRIFFIN, W D		1 2 NAME	a March Tringians TV	Suda 4	ער ער
STREET ADDRESS	1830 S OSPRE AVE, STE 100/	ŧ	1.3 STREET ADDRESS	a north Tamiami Tr Savasota, FL 34a	Sauce	'
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY- ST-ZIP	SCHOSDTU, ITC SYA	1.3 D Change	- Addition
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MCCURDY, J R		2.2 NAME	a north tomorral Ti	1 Sutre	440
STREET ADDRESS	1830 S OSPREY AVE, STE-100	)A	2.3 STREET ADDRESS	2 North Tamigmi Ti Sarasota, F2 34	314	110
CITY-ST-ZIP	SARASOTA FL 34239	□ DELETE	2. 4 CITY-ST-ZIP	301051) ru, 1-c 34	☐ Change	Addition
TITLE		☐ nereie	3.1 TITLE		- Ottoringe	
NAME			3 2 NAME			
STREET ADDR ESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY- ST- ZIP 4.1 TITLE		☐ Change	Addition
TITLE		_ Jecc.e	4.2 NAME			_
NAME			4.3 STREET ADDRESS			
STREET ADDR :SS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME		<del>-</del>	52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			ĺ
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			!
			64 CITY-ST-ZIP	†		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR