

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 19 1998 8:00am  
Secretary of State

DOCUMENT # P97000084902 (0)

1. Corporation Name

CONCORDE GRIFFIN, INC.



Principal Place of Business

11015 N. DALE MABRY HWY.  
TAMPA FL 33618

Mailing Address

11015 N. DALE MABRY HWY.  
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3474185

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

9. Name and Address of Current Registered Agent

MURPHY, THOMAS J  
11015 N. DALE MABRY HWY.  
TAMPA FL 33618

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 office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME RAPPAPORT, A.G.  
STREET ADDRESS 11015 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE D  
NAME AUGER, ALBERT R  
STREET ADDRESS 103 COUNTRYWIDE DR.  
CITY-ST-ZIP LONGWOOD FL 32777 ☐ DELETE

TITLE D  
NAME SCHWENCKE, KIM M  
STREET ADDRESS 11015 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE D  
NAME MURPHY, THOMAS J  
STREET ADDRESS 11015 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D/V ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D/P ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D/V/T ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition  
5.2 NAME Kevin A. Chandler  
5.3 STREET ADDRESS 3603 W. Tazon Street  
5.4 CITY-ST-ZIP Tampa, FL 33629

6.1 TITLE ☐ Change ☐ Addition  
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 my address.

CR2E034 (10/97)