

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90114 035 \*\*\*150.00

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DOCUMENT # P98000038074

1. Corporation Name

GRIFFIN CONCRETE CONSTRUCTION, INC.

Principal Place of Business

1260 CEDAR AVENUE  
TAVARES FL 32778

Mailing Address

1260 CEDAR AVENUE  
TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

59-3509537

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 9119 Lazy Oak Court

Suite, Apt. #, etc.

22

City & State

23 Clermont FL

Zip

24 34711

Country

25 USA

2a. Mailing Address

26 9119 Lazy Oak Court

Suite, Apt. #, etc.

27

City & State

28 Clermont FL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GRIFFIN, MATTHEW A  
1260 CEDAR AVENUE  
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name  
Griffin Matthew A.

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

83 9119 Lazy Oak Court

84

City Clermont

FL

85 Zip Code  
34711

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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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  
Matthew A. Griffin

1.3 STREET ADDRESS  
9119 Lazy Oak Court

1.4 CITY-ST-ZIP  
Clermont FL 34711

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
Carla L. Griffin

2.3 STREET ADDRESS  
9119 Lazy Oak Court

2.4 CITY-ST-ZIP  
Clermont FL 34711

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: Carla L. Griffin 3/8/99 1243-1518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)