FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P98000054686 GRIFFIN BROTHERS DEVELOPMENT CO. 04-03-2001 90014 006 ***150.00 Principal Place of Business Mailing Address 15510 N.W. 112 AVE. 15510 N.W. 112 AVE. REDDICK FL 32686 REDDICK FL 32686 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3525540 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, RICHARD JR. Street Address (P.O. Box Number is Not Acceptable) 15510 N.W. 112 AVE. REDDICK FL 32686 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (10/00) ☐ Addition TITLE ☐ Delete Griffin, Richard A.Jr. 15510NW112Ave GRIFFIN, RICHARD JR. NAME NAME 15510 N.W. 112 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 Reddick, FL 32686 ☐ Delete TITLE TITLE Change Griffin, Maria ISSIONWIIZ Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Reddick FL 32686 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 turther 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.

SIGNATURE: 3/28/01 352-591-36