

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000046154

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: GRIFFIN HARVESTING AND HAULING INC.

Current Principal Place of Business:

5013 STATE ROAD 60 E.
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2339
LAKE WALES, FL 338592339

New Mailing Address:

FEI Number: 59-3594752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, KAREN C
3830 STATE ROAD 17 SOUTH
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

GRIFFIN, TOMMY M
3830 STATE ROAD 17 SOUTH
LAKE WALES, FL 33859 US

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: TOMMY M. GRIFFIN

04/24/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: GRIFFIN, KAREN C
Address: 3830 STATE RD. 17 SOUTH
City-St-Zip: LAKE WALES, FL 33853

Title: P () Delete
Name: GRIFFIN, TOMMY M
Address: P O BOX 2339
City-St-Zip: LAKE WALES, FL 33859

Title: D (X) Delete
Name: DORADO, ELISEO
Address: 212 BABSON DR.
City-St-Zip: BABSON PARK, FL 33827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY M GRIFFIN

P

04/24/2002

Electronic Signature of Signing Officer or Director

Date