## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000046181

Entity Name: GRIFFIN TRANSPORT SERVICES INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	HWAY 60 EAS ALES, FL 3385			
Current N	Mailing Addre	ss:	New Mailing Address	s:
	FFICE BOX 233 ALES, FL 3385			
FEI Numbe	r: 59-3585650	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )
Name an	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
	TOMMY ATE ROAD 17 S ALES, FL 3385			
The obove				
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
	te of Florida. JRE:			
in the Stat SIGNATU This corpor	te of Florida.  JRE: Electro  ration is eligible t	nic Signature of Registered Ag	ent	d office or registered agent, or both,  Date
in the Stat SIGNATU This corpor Election Ca	te of Florida.  JRE: Electro  ration is eligible t	nic Signature of Registered Ag to satisfy its Intangible Tax filing red ng Trust Fund Contribution ().	ent quirement and elects to do so (X).	
in the Stat SIGNATU This corpor Election Ca	te of Florida.  JRE: Electro  ration is eligible tampaign Financir RS AND DIRECT  P ( GRIFFIN, KAR P O BOX 2338	nic Signature of Registered Ag to satisfy its Intangible Tax filing red ng Trust Fund Contribution ( ). CTORS: ) Delete REN C	ent quirement and elects to do so (X).	Date
in the State SIGNATU This corpore Election Ca OFFICER Title: Name: Address:	te of Florida.  JRE:  Electro  ration is eligible tampaign Financir  RS AND DIRECT  P ( GRIFFIN, KAR P O BOX 2338 LAKE WALES  D ( GRIFFIN, TOM 3830 STATE F	nic Signature of Registered Age to satisfy its Intangible Tax filing red by Trust Fund Contribution ( ).  CTORS:  ) Delete EEN C  , FL 33859  ) Delete MMY M RD 17 S.	ent quirement and elects to do so (X). ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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 GRIFFIIN D 05/01/2002