

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S35461** (0)

1. Corporation Name

**KENNETH P. GRIFFIN, INC.**

Principal Place of Business

**HIGHWAY C-341 AT C-347  
CHIEFLND FL 32626**

Mailing Address

**HIGHWAY C-341 AT C-347  
CHIEFLND FL 32626**



2. Principal Place of Business

21 **6051 NW 60th St Chiefland FL 32626**

2a. Mailing Address

26 **6051 NW 60th St Chiefland FL 32626**

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**GRIFFIN, KENNETH P. SR.  
HIGHWAY C-341 AT C-347  
CHIEFLND FL 32626**

3. Date Incorporated or Qualified

**04/01/1991**

3a. Date of Last Report

**01/26/1995**

4. FEI Number

**59-3053608**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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, if applicable

Printed Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, KENNETH P., SR.</b>	
STREET ADDRESS	<b>ROUTE 1, BOX 827</b>	
CITY-ST-ZIP	<b>CHIEFLND, FL 32626</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, RACHEL P.</b>	
STREET ADDRESS	<b>ROUTE 1, BOX 827</b>	
CITY-ST-ZIP	<b>CHIEFLND, FL 32626</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GRIFFIN KENNETH P., SR.</b>	
1.3 STREET ADDRESS	<b>6051 NW 60th St</b>	
1.4 CITY-ST-ZIP	<b>Chiefland FL 32626</b>	
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GRIFFIN Rachel P.</b>	
2.3 STREET ADDRESS	<b>6051 NW 60th St</b>	
2.4 CITY-ST-ZIP	<b>Chiefland FL 32626</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rachel P. Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96  
Date

352-493-4104  
Daytime Phone #

CR2E034 (12/95)