2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

S79351

1. Entity Name

Zip

UNIT 3

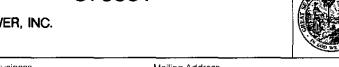
SIGNATURE

WILLIAMS, JACK D

1018 N. BLVD WEST

LEESBURG FL 34748

GRIFFIN TOWER, INC.



Principal Place of Business 1018 N BLVD WEST LEESBURG FL 34748 HS

Mailing Address 1018 N BLVD WEST LEESBURG FL 34748 US

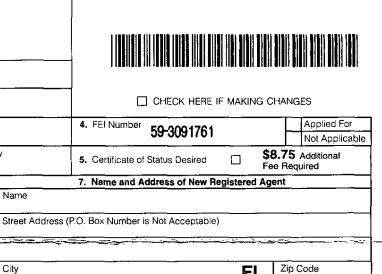
Country

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
	l l		

Zio

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90437 006 ***150.00



8	. The above named entity submits this statement for the purpose of changing its registe	red office or registered agent,	or both, in the State of Florida.	I am familiar with, a	and accept
	the obligations of registered agent.	-			•

Country

Name

City

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change WILLIAMS, PATRICIA A NAME NAME 4146 CORLEY ISLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-7IP Change TITLE DS ☐ Delete TITLE ☐ Addition NAME WILLIAMS, JACK D NAME STREET ADDRESS 4142 CORLEY ISLAND RD STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP TITLE DP ☐ Delete TITLE Change ☐ Addition WILLIAMS, JACK D NAME NAME STREET ADDRESS 4142 CORLEY ISLAND RD STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition WILLIAMS, DEE ANN NAME STREET ADDRESS 4142 CORLEY ISLAND RD STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address

352-267-0011