

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 149900

**Entity Name:** J.P. GRIFFIN, INC.

**Current Principal Place of Business:**

604 NORTH GILCHRIST AVE  
TAMPA, FL 33606

**Current Mailing Address:**

604 NORTH GILCHRIST AVE  
TAMPA, FL 33606

**FEI Number:** 59-0567965

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LINGERFELT, BRYAN J.  
604 NORTH GILCHRIST AVE  
TAMPA, FL 33606-1320 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |                 |                             |
|-----------------|----------------------------|-----------------|-----------------------------|
| Title           | P                          | Title           | VP                          |
| Name            | LINGERFELT, BRYAN J.       | Name            | LINGERFELT, BRYAN JEFFREY J |
| Address         | 1490 TWIN RIVERS TRAIL     | Address         | 2810 HOLLY BLUFF CT         |
| City-State-Zip: | PARRISH FL 34219           | City-State-Zip: | PLANT CITY FL 33566         |
|                 |                            |                 |                             |
| Title           | VP                         |                 |                             |
| Name            | LINGERFELT, GARRETT JAY    |                 |                             |
| Address         | 10752 CARLOWAY HILLS DRIVE |                 |                             |
| City-State-Zip: | WIMAUMA FL 33598           |                 |                             |

*I hereby 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 all other like empowered.*

**SIGNATURE:** RENEE FLEISCHMAN

**OFFICE MANAGER**

**01/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date