

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 227835

Entity Name: BEN HILL GRIFFIN, INC.**Current Principal Place of Business:**700 SCENIC HIGHWAY
FROSTPROOF, FL 33843**Current Mailing Address:**P. O. BOX 127
FROSTPROOF, FL 33843**FEI Number:** 59-0585518**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HURST, STEWART W
700 SCENIC HIGHWAY
FROSTPROOF, FL 33843 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	VT
Name	HURST, STEWART W
Address	335 SCENIC HWY
City-State-Zip:	BABSON PARK FL 33827

Title	PD
Name	GRIFFIN, BEN HILL IV
Address	1 BRACRES LANE
City-State-Zip:	FROSTPROOF FL 33843

Title	CD
Name	GRIFFIN, BEN HILL III
Address	425 N. LAKE REEDY BLVD.
City-State-Zip:	FROSTPROOF FL 33843

Title	S
Name	RESPRESS, DONNA H
Address	801 CLINCH LAKE BLVD
City-State-Zip:	FROSTPROOF FL 33843

Title	VD
Name	MOONEY, GENE
Address	1139 S. LAKE REEDY BLVD
City-State-Zip:	FROSTPROOF FL 33843

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: STEWART W HURST

VT

02/26/2015

Electronic Signature of Signing Officer/Director Detail_____
Date