

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Division of Corporations

DOCUMENT # **P94000086539 (1)**
1. Corporation Name
GROWING CONCERN, INC.

Principal Place of Business
**4001 W. DALE AVE.
TAMPA FL 33609**

Mailing Address
**4001 W. DALE AVE
TAMPA FL 33609**

**APPROVED
AND
FILED**

95 APR 19 AM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 11/28/1994		3a. Date of Last Report	
4. FET Number 59-3279889		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under G. 190.030, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

21. Principal Place of Business State, Apt #, etc. 25	22. City & State 23	26. Mailing Address State, Apt #, etc. 27	28. City & State 28	29. Zip 33679	30. Country USA
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9. Name and Address of Current Registered Agent
**SALEM, ALBERT M
4001 W. DALE AVE.
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD HAMPTON, REALE J 4001 W. DALE AVE. TAMPA FL 33609	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
NAME	SD HAMPTON, SCOTT R 4110 VASCONIA TAMPA FL 33629	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. NAME	
CITY, STATE, ZIP		6. STREET ADDRESS	
NAME		7. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY, STATE, ZIP		9. STREET ADDRESS	
NAME		10. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. NAME	
CITY, STATE, ZIP		12. STREET ADDRESS	
NAME		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
NAME		16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. NAME	
CITY, STATE, ZIP		18. STREET ADDRESS	
NAME		19. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		20. NAME	
CITY, STATE, ZIP		21. STREET ADDRESS	
NAME		22. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. NAME	
CITY, STATE, ZIP		24. STREET ADDRESS	
NAME		25. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		26. NAME	
CITY, STATE, ZIP		27. STREET ADDRESS	
NAME		28. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		29. NAME	
CITY, STATE, ZIP		30. STREET ADDRESS	
NAME		31. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32. NAME	
CITY, STATE, ZIP		33. STREET ADDRESS	
NAME		34. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		35. NAME	
CITY, STATE, ZIP		36. STREET ADDRESS	
NAME		37. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		38. NAME	
CITY, STATE, ZIP		39. STREET ADDRESS	
NAME		40. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.030, 190.031, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall be the same as that of the officer or director. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on the filing of this report or supplemental report with an address.

SIGNATURE: *[Signature]* **J. Reale Hampton** 4-11-95 813289-1059
NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT