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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90171 007 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000086539**

1. Corporation Name
GROWING CONCERN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4001 W. DALE AVE. TAMPA FL 33609
 Mailing Address: PO BOX 10356 TAMPA FL 33679-0356 US

3. Date Incorporated or Qualified: **11/28/1994**

4. FEI Number: **59-3279889** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: **4810 Beachway Dr**
 Suite, Apt. #, etc.:
 City & State: **Tampa, FL**
 Zip: **33609** Country: **USA**

2a. Mailing Address: Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

9. Name and Address of Current Registered Agent
SALEM, ALBERT M JR.
4600 W. KENNEDY BLVD.
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: **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D	<input type="checkbox"/> DELETE	1.1 TITLE: J. REALE HAMPTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAMPTON, REALE J		1.2 NAME:	
STREET ADDRESS: 4001 W. DALE AVE.		1.3 STREET ADDRESS: 4810 Beachway Dr	
CITY-ST-ZIP: TAMPA FL		1.4 CITY-ST-ZIP: Tampa, FL 33609	
TITLE: S/D	<input type="checkbox"/> DELETE	2.1 TITLE: R. SCOTT HAMPTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAMPTON, SCOTT R		2.2 NAME:	
STREET ADDRESS: 4110 VASCONIA		2.3 STREET ADDRESS: 6000 4110 Vasconia	
CITY-ST-ZIP: TAMPA FL		2.4 CITY-ST-ZIP: Tampa, FL 33629	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **R. SCOTT HAMPTON Pres.** 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)