03-14-1999 90006 009 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OOLINAENE !!

1. Corporation	MENI # 68793	8						
GROW-T	EU, INU.						ı BIBLI BIBLI BIBLI BI	ALC BIRNLARDA
Principal Place	e of Business	Mailing Address					T BIBIT \$1011 BIBİL DI	811 81811 1881
1424 S. EVERG	REEN AVE	1424 S. EVERGREEN A	VΕ					
C/O EARL O. JONES. JR. C/O EARL O. JONES								
CLEARWATER FL 33756 CLEARWATER FL 33756			6			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 09/17/1980		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26				59-2042257	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Rec	<u> </u>
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 +	
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year		□N-
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Cui	rent Registered Agent		81	Name	10. Name and Address of New Registere	u Agent	
ION	ES, EARL O JR.							
	S. EVERGREEN AVE.			82	Street Add	iress (P.O. Box Number is Not Acceptable)		•
	ARWATER FL 33756			83			 ·	
OLL:	WITH CHILD CONTO			"				
				84	City	F	85 Zip C	ode
44 Diseasement	to the provinions of Sections 607	0502 and 607 1508 Florida S	tatutas t	the above	-named corr	poration submits this statement for the purpose	of changing its	registered
office or r	enistered agent or both in the St	ate of Florida. Such change w	as autho	rized by t	he corporat	ion's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505	, Flonda	Statutes.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Regi	istered Agent	signature requir	red when reinstating) DATE		
12.		AND DIRECTORS	— Ť	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PTD	☐ DELET	Ξ	1.1 TITLE			☐ Change	☐ Addition
NAME	JONES, VIRGINIA L			1.2 NAME				
STREET ADDRESS	1424 S. EVERGREEN		l	1.3 STREET	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			14 CITY-ST	-ZIP		-	
TITLE	VSD	☐ DELET	Ē	2.1 TITLE			Change	☐ Addition
NAME	JONES, EARL O JR.			2.2 NAME				!
STREET ADDRESS	1424 S. EVERGREEN			2.3 STREET	ADDRESS	and the second of the second o		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP					
TITLE		☐ DELET		3.1 TITLE			Change	☐ Addition
NAME			=	3.2 NAME				
STREET ADDRESS			1	3.3 STREET	ADDRESS			
CITY-ST-ZIP	<u></u>			3.4. CITY-ST	T-ZIP			
TITLE		☐ DELET	E 1	4.1 TITLE			☐ Change	☐ Addition
NAME			1	4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP			_	4.4 CITY-ST	-ZIP		Change	Addition
TITLE		☐ D£LET		5.1 TITLE 5.2 NAME			☐ Change	☐ YOURDII
NAME				5.3 STREET	*UUDE66			
STREET ADDRESS			ŀ			·		
CITY-ST-ZIP		DELET		5.4 CITY-ST 6.1 TITLE	-ur		☐ Change	Addition
TITLE		L'1 DEFE1		6.2 NAME			□ amile	
NAME	l			U.2 197911L				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS