

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 21 PM 2:12****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # K51237 (1)**

1. Corporation Name

GROWING CONCERN OF TAMPA, INC.

Principal Place of Business

Mailing Address

**G/O ALBERT M. SALEM, JR.
4600 WEST KENNEDY BOULEVARD
TAMPA FL 33609****G/O ALBERT M. SALEM, JR.
4600 WEST KENNEDY BOULEVARD
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4001 W. Dale Ave**26 P.O. Box 10356**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tampa, FL 33609**27 Tampa, FL****24 33609 25 USA****29 33609 30 USA**

3. Date Incorporated or Qualified

12/14/1988

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2963763

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 has liability for intangible tax under G. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALEM, ALBERT M., JR.
4600 WEST KENNEDY BOULEVARD
TAMPA FL 33609**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
HAMPTON, J. REALE
4001 W. DALE AVE.
TAMPA FL****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
HAMPTON, ANNE S.
4001 W. DALE AVE.
TAMPA FL****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name #