

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

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AND  
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**95 APR -7 AM 4:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P93000011243 (1)**

**1. Corporation Name  
WE GRO-RITE, INC.**

**Principal Place of Business Mailing Address  
101 BIG BEND ROAD P.O. BOX 2535  
RUSKIN FL 33572 APOLLO BEACH FL 33472  
US**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 02/01/1993 3a. Date of Last Report 04/27/1994**

**4. FEI Number 65-0388224 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 S. 199.032, Florida Statutes  Yes  No**

**2. Principal Place of Business 2a. Mailing Address  
21 25 101 Big Bend Road**

**22 Suite Apt. # etc 27 Suite Apt. # etc**

**23 City & State 26 Ruskin, FL**

**24 Zip Country 25 29 33572 30 USA**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WILLIFORD, LYNDA K  
101 BIG BEND ROAD  
RUSKIN FL 33572**

**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**

Applicable typed or printed name of registered agent and title of the agent

FCR 311 Registered Agent registration expires after (month/day)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE PD  
NAME WILLIFORD, ALLEN J.  
STREET ADDRESS P.O. BOX 3535 N/A  
CITY, ST, ZIP APOLLO BEACH FL**

**11 TITLE PD  Change  Addition  
12 NAME Williford, Allen J.  
13 STREET ADDRESS P.O. Box 1447 Lot 3A Pisgah Woods  
14 CITY, ST, ZIP Andrews, NC 28901**

**TITLE STD  
NAME WILLIFORD, LYNDA K.  
STREET ADDRESS P.O. BOX 3535 N/A  
CITY, ST, ZIP APOLLO BEACH FL**

**21 TITLE STD  Change  Addition  
22 NAME Williford, Lynda K.  
23 STREET ADDRESS PO Box 1447 Lot 3A Pisgah Woods  
24 CITY, ST, ZIP Andrews, NC 28901**

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 119.07(3)(b), Florida Statutes. I further certify that the information included 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. 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: Lynda Kay Williford Lynda Kay Williford**

**3/31/95 (704)321-4371**

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

DATE