

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000011243 (1)

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



Principal Place of Business: 101 BIG BEND ROAD, RUSKIN FL 33572  
Mailing Address: 101 BIG BEN ROAD, RUSKIN FL 33572, US

3. Date Incorporated or Qualified: 02/01/1993  
3a. Date of Last Report: 04/07/1995  
4. FEI Number: 65-0388224  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contributor:  \$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: 21 [Blank]  
22 Suite, Apt. #, etc.: [Blank]  
23 City & State: [Blank]  
24 Zip: [Blank] 25 Country: [Blank]  
26 Mailing Address: Rt. 1 Box 448 A  
27 Suite, Apt. #, etc.: Fairview Road  
28 City & State: Andrews, NC  
29 Zip: 28901 30 Country: USA

9. Name and Address of Current Registered Agent: WILLIFORD, LYNDA K, 101 BIG BEND ROAD, RUSKIN FL 33572  
10. Name and Address of New Registered Agent: 81 Name: [Blank], 82 Street Address (P.O. Box Number is Not Acceptable): [Blank], 83 [Blank], 84 City: [Blank], 85 Zip Code: FL [Blank]

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 607.0506, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

| 12. OFFICERS AND DIRECTORS                        |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|---------------------------|---|--|
| TITLE: PD   | NAME: WILLIFORD, ALLEN J. | 1. TITLE:   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: P O BOX 1447, LOT 3A PISGAH WOODS | CITY- ST- ZIP: ANDREWS NC | 12 NAME:  |  |
| TITLE: STD  | NAME: WILLIFORD, LYNDA K. | 13 STREET ADDRESS: Rt. 1 Box 448 A Fairview Road      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: P O BOX 1447, LOT 3A PISGAH WOODS | CITY- ST- ZIP: ANDREWS NC | 14 CITY- ST- ZIP: Andrews NC 28901                    |  |
| TITLE:  | NAME:                     | 2. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 22 NAME:  |  |
| TITLE:  | NAME:                     | 23 STREET ADDRESS: Rt. 1 Box 448 A Fairview Road      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 24 CITY- ST- ZIP: Andrews NC 28901                    |  |
| TITLE:  | NAME:                     | 3. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 32 NAME:  |  |
| TITLE:  | NAME:                     | 33 STREET ADDRESS:                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 34 CITY- ST- ZIP:                                     |  |
| TITLE:  | NAME:                     | 4. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 42 NAME:  |  |
| TITLE:  | NAME:                     | 43 STREET ADDRESS:                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 44 CITY- ST- ZIP:                                     |  |
| TITLE:  | NAME:                     | 5. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 52 NAME:  |  |
| TITLE:  | NAME:                     | 53 STREET ADDRESS:                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 54 CITY- ST- ZIP:                                     |  |
| TITLE:  | NAME:                     | 6. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 62 NAME:  |  |
| TITLE:  | NAME:                     | 63 STREET ADDRESS:                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS:                                   | CITY- ST- ZIP:            | 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)(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: *Lynda Kay Williford* Lynda Kay Williford 5/1/96 (704)321-4371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Print)

CR2E034 (12/95)