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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90089 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P93000011243**

1. Corporation Name
WE GRO-RITE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1482 FAIRVIEW RD
 ANDREWS NC 28901
 US

1482 FAIRVIEW RD
 FAIRVIEW ROAD
 ANDREWS NC 28901
 US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

02/01/1993

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 owes the current year Intangible Personal Property Tax. Yes No

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

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 *Lynda Kay Williford*
Signature typed or printed name of registered agent and title if applicable.

President Lynda Kay Williford
(NOTE: Registered Agent signature required when reinstating)

4/20/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **WILLIFORD, ALLEN J.**
 STREET ADDRESS **1482 FAIRVIEW RD**
 CITY-ST-ZIP **ANDREWS NC**

TITLE **STD** DELETE
 NAME **WILLIFORD, LYNDA K.**
 STREET ADDRESS **1482 FAIRVIEW RD**
 CITY-ST-ZIP **ANDREWS NC**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 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 **P T D C** Change Addition
 2.2 NAME **Lynda Kay Williford**
 2.3 STREET ADDRESS **1482 Fairview Road**
 2.4 CITY-ST-ZIP **Andrews NC 28901**

3.1 TITLE **SD** Change Addition
 3.2 NAME **Beth Ann Elsberry**
 3.3 STREET ADDRESS **1482 Fairview Road**
 3.4 CITY-ST-ZIP **Andrews NC 28901**

4.1 TITLE **D** Change Addition
 4.2 NAME **Lori D. Elsberry**
 4.3 STREET ADDRESS **101 Big Bend Road**
 4.4 CITY-ST-ZIP **Ruskin, FL 33572**

5.1 TITLE **D** Change Addition
 5.2 NAME **Glenn Eleberry**
 5.3 STREET ADDRESS **101 Big Bend Road**
 5.4 CITY-ST-ZIP **Ruskin, FL 33572**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: *Lynda Kay Williford* **WILLIFORD, LYNDA K**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1-1/98)