FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 MAR 28 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039090 (4)

1. Corporation Name
GRO CARE INC.

Principal Place of Business	Mailing Address
RT 5 BOX 3950 TALLAHASSEE FL 32311	RT 5 BOX 3950 TALLAHASSEE FL 32311

3. Date Incorporated or Qualified: 06/02/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3185102 — 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
21 405 Old Magnolia Rd.	26 405 Old Magnolia Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Crawfordville FL	City & State 28 Crawfordville FL
Zip 24 32327 Country 25	Zip 29 32327 Country 30

9. Name and Address of Current Registered Agent
THARP, RICHARD S
RT 5 BOX 3950
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent
81 Name: Edward A. Toner
82 Street Address (P.O. Box Number is Not Acceptable): 1614 Bellevue Way
83
84 City: Tallahassee FL 85 Zip Code 32304

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] ED TONER — 3-28-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD THARP, RICHARD S RT 5 BOX 3950 TALLAHASSEE FL 32311 ☑ DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Edward A. Toner 1614 Bellevue Way Tallahassee, FL 32304 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600001761706 -03/28/96--01076--005 ****200.00 ****200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SP 3/28

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: [signature] ED TONER-pres. 3-28-96 904-556-7263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)