

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000039090 (4)
1. Corporation Name
GRO CARE INC.

APPROVED
AND
FILED

96 MAR 28 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business 2a. Mailing Address
21 405 Old Magnolia Rd. 25 405 Old Magnolia Rd.
State, Apt. #, etc. State, Apt. #, etc.
22 City & State 27 City & State
23 Crawfordville FL 28 Crawfordville FL
24 32327 29 32327 30 ~~FL~~

3. Date of Incorporation or Qualification 06/02/1993 3a. Date of Last Report 05/01/1995
4. FFI 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. 190.032, Florida Statutes ☐ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THARP, RICHARD S
RT 5 BOX 3950
TALLAHASSEE FL 32311

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 807.0502 and 807.1506, 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 provisions of, Section 807.0505, Florida Statutes.

SIGNATURE

[Signature]

ED TONER

3-28-96

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME THARP, RICHARD S
STREET ADDRESS RT 5 BOX 3950
CITY-STATE-ZIP TALLAHASSEE FL 32311
☒ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE
TITLE
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☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PSTD
2. NAME Edward A. Toner
3. STREET ADDRESS 1614 Bellevue Way
4. CITY-STATE-ZIP Tallahassee, FL 32304
☐ Change ☐ Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
☐ Change ☐ Addition
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
☐ Change ☐ Addition
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
☐ Change ☐ Addition
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
☐ Change ☐ Addition
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
☐ Change ☐ Addition
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
☐ Change ☐ Addition
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
☐ Change ☐ Addition
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
☐ Change ☐ Addition
37. TITLE
38. NAME
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40. CITY-STATE-ZIP
☐ Change ☐ Addition
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42. NAME
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44. CITY-STATE-ZIP
☐ Change ☐ Addition
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☐ Change ☐ Addition
81. TITLE
82. NAME
83. STREET ADDRESS
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☐ Change ☐ Addition
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP
☐ Change ☐ Addition
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP
☐ Change ☐ Addition
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
☐ Change ☐ Addition
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP
☐ Change ☐ Addition

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)(g), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED TONER-pres. 3-28-96 904-556-7263