

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000014534 (8)

1. Corporation Name

GROW MASTER, INC.



Principal Place of Business

Mailing Address

37245 STATE ROAD 54  
ZEPHYRHILLS FL 33541

37245 STATE ROAD 54  
ZEPHYRHILLS FL 33541

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

REFFIT, ROY M  
37245 STATE ROAD 54  
ZEPHYRHILLS FL 33541

3. Date Incorporated or Qualified

3a. Date of Last Report

02/17/1995

4. FEI Number

Applied For

Not Applicable

59-3296057

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

MARY B. REFFIT

82

Street Address (P.O. Box Number is Not Acceptable)

37245 STATE ROAD 54

83

84

City

ZEPHYRHILLS

FL

85

Zip Code

33541

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 607.0509, Florida Statutes.

SIGNATURE

Mary B. Reffit

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME REFFIT, ROY M

1.2 NAME

STREET ADDRESS 4623 RYALS RD.

1.3 STREET ADDRESS

CITY-ST-ZIP ZEPHYRHILLS FL 33541

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME REFFIT, MARY B

2.2 NAME

STREET ADDRESS 4623 RYALS RD.

2.3 STREET ADDRESS

CITY-ST-ZIP ZEPHYRHILLS FL 33541

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME REFFIT, ROBERT C

3.2 NAME

STREET ADDRESS 5305 CAMBERLEA

3.3 STREET ADDRESS

CITY-ST-ZIP ZEPHYRHILLS FL 33541

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME REFFIT, MARY S

4.2 NAME

STREET ADDRESS 5305 CAMBERLEA

4.3 STREET ADDRESS

CITY-ST-ZIP ZEPHYRHILLS FL 33541

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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:

Mary B. Reffit

5-23-96

813-788-5633

CR2E034 (12/95)