


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>DA5-38647</b>					
1. Corporation Name <b>Grow construction, Inc.</b>					
Principal Place of Business			Mailing Address		
<b>1241 W. Tharpe St. - B27 Tallahassee FL 32303</b>					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		5-16-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	
22		27		7-25-96	
City & State		City & State		4. FEI Number	
23		28		59-3313997	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>William A. Grow Jr. 306 Willis Rd. Tallahassee FL 32303</b>					
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 <b>William A. Grow Jr.</b>			DATE <b>4/10/97</b>		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>Pres. + sec/treas.</b>			1.1 TITLE		
NAME <b>William A. Grow Jr.</b>			1.2 NAME		
STREET ADDRESS <b>306 Willis Rd</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>Tallahassee FL 32303</b>			1.4 CITY-ST-ZIP		
2.1 TITLE			2.2 NAME		
2.2 NAME			2.3 STREET ADDRESS		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
2.4 CITY-ST-ZIP			3.1 TITLE		
3.1 TITLE			3.2 NAME		
3.2 NAME			3.3 STREET ADDRESS		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
3.4 CITY-ST-ZIP			4.1 TITLE		
4.1 TITLE			4.2 NAME		
4.2 NAME			4.3 STREET ADDRESS		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
4.4 CITY-ST-ZIP			5.1 TITLE		
5.1 TITLE			5.2 NAME		
5.2 NAME			5.3 STREET ADDRESS		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
5.4 CITY-ST-ZIP			6.1 TITLE		
6.1 TITLE			6.2 NAME		
6.2 NAME			6.3 STREET ADDRESS		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
6.4 CITY-ST-ZIP			800002144468		
			-04/16/97--01005--020		
			***165.00		

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 contained 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 **William A. Grow Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/10/97**  
DATE  
DAYTIME PHONE # **904/4220290**

CR2E034 (9/96)