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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J52960	(8)
1. Corporation Name PRO-CARE PLUS, INC.	

Principal Place of Business RT. 1, BOX 574 10870 NW 198 ST MICANOPY FL 32667 US	Mailing Address P.O. BOX 606 FAIRFIELD FL 32634 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/21/1987	3a. Date of Last Report 01/28/1994
4. FEI Number 59-2767249	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	

9. Name and Address of Current Registered Agent PENDRAY, ALFRED H. ROUTE 2, BOX 1950 WILLISTON FL 32696	
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10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code	
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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 _____ DATE _____
(Type or print the name of the person signing, and the date of signing.) (Type or print the name of the person signing, and the date of signing.)

12. OFFICERS AND DIRECTORS	
NAME D PENDRAY, ALFRED H. RT. 2, BOX 1950 WILLISTON FL	
NAME D PENDRAY, JOHN C RT. 2, BOX 1950 WILLISTON FL	
NAME D PENDRAY, JAMES W. RT. 2, BOX 1950 WILLISTON FL	
NAME D PENDRAY, EDWARD E RT. 2, BOX 1950 WILLISTON FL	
NAME PD CASH, AUSTIN C. 6385 NW 118TH ST RD REDDICK FL	
NAME ST CASH, NANCY IDA 6385 NW 118TH ST RD REDDICK FL	

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 ☐ Change ☐ Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE ☐ Change ☐ Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE ☐ Change ☐ Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE ☐ Change ☐ Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Nancy Ida Cash 2-25-95 904 591-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone