FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:07

DOCUMENT # P94000028399 (1)

1. Corporation Name
WE DO CARE INC.

Principal Place of Business	Mailing Address
1158 ANGLE ROAD DUNEDIN FL 34698	1158 ANGLE ROAD DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1153 MAIN ST	26 1153 MAIN ST
22 Suite, Apt. #, etc. SUITE 101	27 Suite, Apt. #, etc. SUITE 101
23 City & State DUNEDIN FL	28 City & State DUNEDIN FL
24 Zip 34698 25 Country USA	29 Zip 34698 30 Country USA

4. FEI Number: 59-327-2036 ☐ 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	10. Name and Address of New Registered Agent
HOLTON, DELORES 1158 ANGLE ROAD DUNEDIN FL 34698	81 Name DELORES HOLTON 82 Street Address (P.O. Box Number Is Not Acceptable) 1153 MAIN ST 83 SUITE 101 84 City DUNEDIN FL FL 85 Zip Code 34698

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELD, HELEN M 1170 ANGLE ROAD DUNEDIN FL 34698	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition Held, Helenmarie 1170 Angle Rd Dunedin FL 34698
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLTON, DELORES 1158 ANGLE ROAD DUNEDIN FL 34698	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition P-V-T-S. HOLTON, DELORES 1153 MAIN ST #101 DUNEDIN FL 34698
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-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)(i), 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] 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348024 CP