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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000029247 (1)**

1. Corporation Name
WE CARE TREE SERVICE, INC.

Principal Place of Business	Mailing Address
13188 CURRY DR SPRING HILL FL 34609	13188 CURRY DR SPRING HILL FL 34609-1240

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21: 17525 MEDLEY AVE
22: Suite, Apt. #, etc.:
23: City & State: SPRING HILL FL
24: Zip: 34610
25: Country: PASCO

2a. Mailing Address
26: 17525 MEDLEY AVE
27: Suite, Apt. #, etc.:
28: City & State: SPRING HILL FL
29: Zip: 34610
30: Country: PASCO

4. FEI Number: 59-3240160 ☐ 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
BRANDT, LESTER T
13188 CURRY DR
SPRING HILL FL 34609

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 17525 MEDLEY AVE
83:
84 City: SPRING HILL **FL** 85 Zip Code: 34610

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 of new registered agent, if changing (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST ☐ DELETE	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	BRANDT, LESTER T	1.2 NAME	
STREET ADDRESS	13188 CURRY DR	1.3 STREET ADDRESS	17525 MEDLEY
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANDT, LESTER T	2.2 NAME	
STREET ADDRESS	13188 CURRY DR	2.3 STREET ADDRESS	17525 MEDLEY
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	BRANDT, MARGARET
STREET ADDRESS		3.3 STREET ADDRESS	17525 MEDLEY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
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	

CR2E034 (9/96)

14. I do 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 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: Lester T Brandt — 3-20-97 — (813) 857-9184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #