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FILED

Apr 21 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 # P95000070780 (8)

1. Corporation Name  
NATURES CARETAKER, INC.



Principal Place of Business

16130 SAGEBRUSH ROAD  
TAMPA FL 33618-1314

Mailing Address

16130 SAGEBRUSH ROAD  
TAMPA FL 33618-1314

3. Date Incorporated or Qualified  
09/12/1995

3a. Date of Last Report  
03/07/1996

4. FEI Number

APPLIED FOR 59-3364995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINST, DANIEL R  
16130 SAGEBRUSH ROAD  
TAMPA FL 33618-1314

81 Name

HINST, DANIEL R

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

19501 DEER LAKE RD

83

84 City

LUTZ

FL

85 Zip Code  
33549

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

Signature, typed or printed name of registered agent and title if applicable

DANIEL R HINST (MR)

(NOTE: Registered Agent signature required when reinstating)

4-11-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME HINST, DANIEL R  
STREET ADDRESS 16130 SAGEBRUSH ROAD  
CITY-STATE-ZIP TAMPA FL 33618-1314

1.1 TITLE PRESIDENT, TREASURE  
1.2 NAME DANIEL R HINST  
1.3 STREET ADDRESS 19501 DEER LAKE RD.  
1.4 CITY-STATE-ZIP LUTZ FL 33549-4246

TITLE VSD  
NAME HINST, DONALD R  
STREET ADDRESS 16130 SAGEBRUSH ROAD  
CITY-STATE-ZIP TAMPA FL 33618-1314

2.1 TITLE VICE PRESIDENT  
2.2 NAME TIM HARVEY  
2.3 STREET ADDRESS 1960 ANDREWS LOOP  
2.4 CITY-STATE-ZIP LAND O LAKE FL 33549

TITLE VD  
NAME HINST, PAIGE B.  
STREET ADDRESS 16130 SAGEBRUSH ROAD  
CITY-STATE-ZIP TAMPA FL

3.1 TITLE ASST. VICE PRESIDENT  
3.2 NAME HINST, DONALD R  
3.3 STREET ADDRESS 16130 SAGEBRUSH RD  
3.4 CITY-STATE-ZIP TAMPA FL 33618-1314

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE SECRETARY  
4.2 NAME HINST, PAIGE B  
4.3 STREET ADDRESS 19501 DEER LAKE RD  
4.4 CITY-STATE-ZIP LUTZ FL 33549-4246

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)