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

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Jul 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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	Mailing Address
16130 SAGEBRUSH ROAD TAMPA FL 33618-1314	16130 SAGEBRUSH ROAD TAMPA FL 33618-1314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HINST, DANIEL R
19501 DEERLAKE RD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HINST, DANIEL R		1.2 NAME		
STREET ADDRESS	19501 DEERLAKE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	HINST, DONALD R		2.2 NAME	HINST, DONALD R	
STREET ADDRESS	16130 SAGEBRUSH RD		2.3 STREET ADDRESS	16130 SAGEBRUSH RD	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HINST, PAIGE B.		3.2 NAME		
STREET ADDRESS	19501 DEERLAKE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARVYE, TIM		4.2 NAME		
STREET ADDRESS	1960 ANDREWS LP		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL		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	200002578712	
STREET ADDRESS			6.3 STREET ADDRESS	-07/02/98--01021--039	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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 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: _____ 6-3-98 727-2549