

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

FILED

Mar 19 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 # P95000073732 (6)

1. Corporation Name

PROCARE LANDSCAPE MANAGEMENT, INC.

Principal Place of Business

10365 SLEEPY BROOK WAY  
BOCA RATON FL 33428  
US

Mailing Address

10365 SLEEPY BROOK WAY  
BOCA RATON FL 33428-5733  
US

3. Date Incorporated or Qualified  
09/21/1995

3a. Date of Last Report  
07/15/1996

2. Principal Place of Business

21 5055 Garfield Rd

Suite, Apt. #, etc.

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City & State

23 Delray Beach FL

Zip

33484

Country

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2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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4. FEI Number

65-0621560

Applied For

Not Applicable

5. Certificate of Status Desired

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\$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

WHITING, RON C  
10365 SLEEPY BROOK WAY  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name Ron C Whiting  
82 Street Address (P.O. Box Number is Not Acceptable)  
5055 Garfield Rd

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SIGNATURE

Signature of type of person of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 on an attachment with an address.

SIGNATURE: Ron Whiting  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)