


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90010 020 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 755964</b>					
1. Corporation Name <b>COMPREHENSIVE COMMUNITY SERVICES, INC.</b>					
Principal Place of Business 511 GOLD KIST BLVD P. O. DRAWER L LIVE OAK FL 32064 US			Mailing Address PO BOX DRAWER P. O. DRAWER L LIVE OAK FL 32064 US		



2. Principal Place of Business 21 511 GOLD KIST BLVD. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. DRAWER L Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/20/1981	
22 City & State 23 LIVE OAK, FL		27 City & State 28 LIVE OAK, FL		4. FEI Number NOT APPLICABLE	
24 Zip 32060		29 Zip 32064		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MITCHELL, RICHARD E 511 GOLD KIST BLVD LIVE OAK FL 32060				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	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	NAME	LYONS, PAM	1.1 TITLE	D	1.2 NAME	JIM BRAY
STREET ADDRESS	405 NLOWDER ST	1.3 STREET ADDRESS	MACCLENNY FL	1.4 CITY-ST-ZIP	CROSS CITY, FL	1.5 CITY-ST-ZIP	32628
TITLE	ED	NAME	MITCHELL, RICHARD E	2.1 TITLE	D	2.2 NAME	MARY ANNE BROST
STREET ADDRESS	511 GOLD KIST BLVD3	2.3 STREET ADDRESS	LIVE OAK FL	2.4 CITY-ST-ZIP	LIVE OAK, FL	2.5 CITY-ST-ZIP	32060
TITLE	TX TREASURER	NAME	LAKE, BOBBIE	3.1 TITLE	D	3.2 NAME	JEANNETTE CLARK
STREET ADDRESS	375 WESTMORELAND ST	3.3 STREET ADDRESS	LIVE OAK FL	3.4 CITY-ST-ZIP	LIVE OAK, FL	3.5 CITY-ST-ZIP	32060
TITLE	WX D	NAME	CARROLL, FRANK	4.1 TITLE	D	4.2 NAME	ERVIN DONALDSON
STREET ADDRESS	RT 1 BOX 438	4.3 STREET ADDRESS	LIVE OAK FL	4.4 CITY-ST-ZIP	JASPER, FL	4.5 CITY-ST-ZIP	32052
TITLE	P	NAME	MATHIS, COLETA	5.1 TITLE	D	5.2 NAME	DAVID FINA
STREET ADDRESS	RT. 1 BOX 277	5.3 STREET ADDRESS	BRANDORD FL	5.4 CITY-ST-ZIP	LIVE OAK, FL	5.5 CITY-ST-ZIP	32064
TITLE	KX D	NAME	WALKER, WANDA	6.1 TITLE	D	6.2 NAME	JOHN PEACH
STREET ADDRESS	590 5TH ST	6.3 STREET ADDRESS	MACCLENNY FL	6.4 CITY-ST-ZIP	JASPER, FL	6.5 CITY-ST-ZIP	32052

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE DIRECTOR, 4/27/99

904-362-7143

Date

Daytime Phone #

CR2E037 (11/98)