

5.14.97 B- 7204 -C

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F53513** (0)

1. Corporation Name

COMPREHENSIVE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

9801 BAY PINES BLVD.
ST. PETERSBURG FL 33708
US9801 BAY PINES BLVD.
ST. PETERSBURG FL 33708-3768
US

3. Date Incorporated or Qualified

11/13/1981

3a. Date of Last Report

05/29/1996

2. Principal Place of Business

2a. Mailing Address

21 10575 68th Ave N.

26 10575 68th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A-2

27 Suite A-2

City & State

City & State

23 Seminole, Florida

28 Seminole, Florida

Zip

Zip

24 33772

29 33772

County

County

25 Pinellas

30 Pinellas

4. FEI Number

59-2134650

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, DONALD V.
#1 KEY CAPRI DR., 113W
TREASURE ISLAND FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	GRAHAM, DONALD V	
STREET ADDRESS	#1 KEY CAPRI DR 113W	
CITY - ST - ZIP	TREASURE ISLAND, FL00000	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, PATRICIA T	
STREET ADDRESS	#1 KEY CAPRI DR 113W	
CITY - ST - ZIP	TREASURE ISLAND, FL00000	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, PAUL	
STREET ADDRESS	#1 KEY CAPRI DR 408E	
CITY - ST - ZIP	TREASURE ISLAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, CLIFFORD	
STREET ADDRESS	219 ARDENNES	
CITY - ST - ZIP	FORT ORD. CA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Don. V. Graham

Date

Daytime Phone #

4/16/97 812-393-4370

CR2E034 (9/96)