

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90222 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000007135

1. Corporation Name
PREVENT SERVICES, INC.

Principal Place of Business 2421 N. CENTER ST. NO. 162 HICKORY NC 28601	Mailing Address 2421 N. CENTER ST. NO. 162 HICKORY NC 28601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 361 10th Ave. Dr. NE Suite, Apt. #, etc. 22 Suite 101 City & State 23 Hickory, NC Zip Country 24 28601 25 Catawba	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 12/31/1998	4. FEI Number 56-2084905	Applied For Not Applicable
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	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOGUE, BETTY Z	
STREET ADDRESS	934 30TH AVE DR NW	
CITY-ST-ZIP	HICKORY NC 28601	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATERS, BRETT L	
STREET ADDRESS	3338 GRANDVIEW CLUB RD	
CITY-ST-ZIP	PFAFFTOWN NC 27040	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOGUE, H. DANIEL JR	
STREET ADDRESS	934 30TH AVE DR NW	
CITY-ST-ZIP	HICKORY NC 28601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANGELA B. SIMMONS	
1.3 STREET ADDRESS	2421 N. CENTER STREET-NO. 362	
1.4 CITY-ST-ZIP	HICKORY NC 28601	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald C. Beaver	
2.3 STREET ADDRESS	Beachfront 530 Ocean Dr.	
2.4 CITY-ST-ZIP	Juno Beach, FL 33408	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	H. Daniel Bogue, Jr.	
3.3 STREET ADDRESS	2421 N. Center St. No.162	
3.4 CITY-ST-ZIP	Hickory, NC 28601	
4.1 TITLE		<input 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 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 with all other like empowered.

SIGNATURE: DANIEL BOGUE, JR 3/16/99 828 261-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)