

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUL 31 PM 2:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J84660 (6)
 1. Corporation Name
 PSYCHO-EDUCATIONAL SERVICES, INC.



Principal Place of Business: PO BOX 445 CHATAHOOCHEE FL 32324
 Mailing Address: PO BOX 445 CHATAHOOCHEE FL 32324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4428 Lafayette St.		26 P.O. Box 902		07/29/1987	05/01/1996
22 Suite, Apt. #, etc. Room 213		27 Suite, Apt. #, etc. N/A		4. FEI Number	Applied For
23 Marianna, Fla.		28 Marianna, Fla.		59-2857740	Not Applicable
24 Zip 32446		29 Zip 32446		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Country U.S.A.		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 BUNDY, GARY F
 416 WEST WASHINGTON STREET
 CHATAHOOCHEE FL 32324

10. Name and Address of New Registered Agent
 81 Name Bundy, Gary F.
 82 Street Address (P.O. Box Number is Not Acceptable) 4428 Lafayette St.
 83 ~~(P.O. Box 902)~~
 84 City Marianna FL 85 Zip Code 32446

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 Gary F. Bundy 07-24-97
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	P	<input checked="" type="checkbox"/> DELETE
NAME	BUNDY, GARY F	
STREET ADDRESS	PO BOX 445 N/A	
CITY-ST-ZIP	CHATAHOOCHEE FL 32324	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bundy Gary F.	
1.3 STREET ADDRESS	P.O. Box 902 N/A	
1.4 CITY-ST-ZIP	Marianna Fla. 32446	
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 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		

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 *****165.00 *****165.00

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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.

CR2E034 (4/97)

(2)

To whom it may concern:

This letter is in response to my telephone conversation, with you, on Monday, July 25, 1997.

I have not sent my Corporation Filing Fee because I have not received a notice in the mail; as a result, the due date, has escaped my attention.

I believe that this is due in part, to my change of address. I also have discovered that I can not receive all of my mail from my previous address.

I would appreciate your consideration of my predicament.

Thank-you
Ray J. Bandy