FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

K86178 **DOCUMENT #**

(6)

COM	MUNITY SERVICES, INC.					
Principal Place	of Business	Mailing Address				8881 1811 BIBH BIBH BIBH BIBH BIBH BIBH BIBH
P.O. BOX 916 Bradenton Fl 34206-7916		P.O. BOX 916 BRADENTON FL 34206-7916				
					3. Date Incorporated or Qualified 05/08/1989	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FET Number	Applied For
21		26			65-0119751	Not Applicable
Suite, Apt. #	ŧ, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country		B. This corporation has liability for	Added to Fees
24	25	29	30			s ™ No
	9. Name and Address of Curr				10. Name and Address of New I	Registered Agent
			81	Name		
Barcus, diane s. 2233 11th avenue, west			82	Street Addi	ress (P.O. Box Number is Not Acceptal	ble)
BRADE	ENTON FL 34205		83			
			84	City		FL 85 Zip Code
SIGNATURE	h, and accept the obligations of, Si Sparae take to provide the composed to OFFICERS A S ALLEN, ELISE M		13. 1 1 THLE	t fisspratura Geopors		CANE FICERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	3808 13TH AVE., W.		13 \$1966	LADDRESS		
CITY+ST-ZIP	BRADENTON FL		14 Cily :	S1 - ZIP		
TITLE	VPT	☐ DELETE	2 1 7 71.6			Change Addition
NAME	BARCUS, NELLIE 361 LEISURE LAKE VILL	ACE	2.2 NAME			
STREET ADDRESS	PALMETTO FL	TOE		I ADDRESS		
CHY+ST-ZIP TITLE	P	[] DELETE	24 Cily -: 3 1 Till E	21 - 511,		Change Addition
NAMÉ	BARCUS, DIANE S		3.2 NAME			
STREET ADDRESS	2233 11TH AVE W		3.3 SI#EE	LADDRESS		
CITY - ST-ZIP	Bradenton FL		3.4 Oil Y -	51-7 ₁ P		
TITLE	Name	☐ DELFTE	4 1 1111			Change Addition
NAME			4.2 NAME			
STREET ADORESS			4.3.\$1RFF	: ACIORESS		
CITY - ST - ZIP			4.4 CITY - 1	ST-712		
THLE		☐ DELETÉ	5 1101(6			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		FT ficiels	5.4 CITY -	S1 - 7 1P		Change Add See
TITLE		₩ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME	I ADDRESS		
STREET ADDRESS CITY - ST - ZIP			6.4 CITY -			
UII11-51-ZIP	ì		■ 54 UIFY -	51-71°		

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this around report of supplicational amount 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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 941-746-4998

CR2E034 (12/95)