

FILE NOW: FILING FEE IS \$61.25

- Reinstatement
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-97

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004075
 1. Corporation Name
Florida Help Services, Inc.
PO Box 2357
Palatka, FL 32178

Principal Place of Business
209 N. 4th Street
Palatka, FL 32177

Mailing Address
P.O. Box 2357
Palatka, FL 32178

2. Principal Place of Business	2a. Mailing Address
21 <u>209 N. 4th Street</u>	26 <u>PO Box 2357</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <u>Palatka FL</u>	28 <u>Palatka FL</u>
Zip	Zip
24 <u>32177</u>	29 <u>32178</u>
Country	Country
25 <u>US</u>	30 <u>US</u>

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number <u>59-3333242</u>	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Corporation Service Co.
1201 Hayes Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name <u>Shawn Keene</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>P.O. Box 313 613 St. Johns Ave</u>
83
84 City <u>Palatka</u>
85 Zip Code <u>32177</u>

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 617.0603, Florida Statutes.

SIGNATURE Shawn M Keene Shawn M Keene 12/30/96
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE <u>PID</u>	<input type="checkbox"/> DELETE
NAME <u>Catherine Suarez</u>	
STREET ADDRESS <u>501 SW 75th St. Apt 5-7</u>	
CITY-ST-ZIP <u>Gainesville, FL 32605</u>	
TITLE <u>Shawn Keene</u>	<input type="checkbox"/> DELETE
NAME <u>PO Box 313 613 St. Johns Ave</u>	
STREET ADDRESS <u>Palatka, FL 32177</u>	
CITY-ST-ZIP <u>Herndon, FL 32140</u>	
TITLE <u>D</u>	<input type="checkbox"/> DELETE
NAME <u>R.L. Reid</u>	
STREET ADDRESS <u>203 Monday Rd</u>	
CITY-ST-ZIP <u>Palatka, FL 32178</u>	
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME <u>300002091473--2</u>	
1.3 STREET ADDRESS <u>-02/19/97--01013--003</u>	
1.4 CITY-ST-ZIP <u>*****236.25 *****236.25</u>	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <u>300002091473--2</u>	
2.3 STREET ADDRESS <u>-02/19/97--01013--004</u>	
2.4 CITY-ST-ZIP <u>*****61.25 *****61.25</u>	
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	

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE: Shawn M Keene Shawn M Keene 12/30/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)