

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006722 (9)

1. Corporation Name

THE TRI-STATE PREVENTIONAL COMMUNITY REACH NETWO
RK SERVICES, INC.

Principal Place of Business

Mailing Address

RT 1, BOX 1722
CHATTAHOOCHEE FL 32324

RT 1, BOX 1722
CHATTAHOOCHEE FL 32324

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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Attn. Mr. Tyrone Scott
Division of Corporations
P.O. Box 6822
Tallahassee, FL 32314

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Oct. 06, 1999

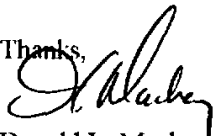
Dear Sir:

I am writing in regards to reinstatement of agency, Tri-State P. C. Network Services, INC., Document # N97000006722 (9)

Due to illness, I was unable to return application. Therefore, I am writing asking that the late fee would be waved due to sickness.

Enclosed is a check for the process fee quoted to a Tri-State, officer, on 10/6/99. This amount is \$122.50 Also, I have enclosed the reinstatement form, annual report.

Thanks,



Donald L. Mackey, Pres. of Tri- State P. C. Network, Services