SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 89/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 99 OCT -5 AM IO: 35 DOCUMENT # N9700006722 (9) SECRED THE TRI-STATE PREVENTIONAL COMMUNITY REACH NETWO RK SERVICES, INC. Principal Place of Business Mailing Address RT 1. BOX 1722 RT 1. BOX 1722 3. Date Incorporated or Qualified CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324 12/03/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

Yes No 23 28 Zip Country Zib Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MACKEY, DONALD L Street Address (P.O. Box Number is Not Acceptable) 82 RT 1, BOX 1722 83 CHATTAHOOCHEE FL 32324 .0502 and £17.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered State/of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, section 617.0503, Florida Statutes. 11. Pursuant to the g SIGNATURE 12. FICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition MACKEY, DONALD'L NAME 1.2 NAME RT 1, BOX 1722 1.3 STREET AIDDRESS STREET ADDRESS CHATTAHOOCHEE FL 32324 CITY-ST-1.4 CITY-ST-ZIP F00003016306--1 -10/18/99--01003--011 21 TITLE TITLE DELETE MACKEY, ELIZABETH K NAME 2.2 NAME RT 1, BOX 1722 STREET ADDRES 2.3 STREET ADDRESS ****122.50 ****122.50 **CHATTAHOOCHEE FL 32324** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Change Addition ' DELETE STEPHENS, TWANNA NAME 3.2 NAME RT 3, BOX 117-F-1 STREET ADDRES 3.3 STREET ADDRESS MONTICELLO FL 32344 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition INGRAM, KIMBERLY NAME 4.2 NAME STREET ADDRES RT 3, BOX 117-G 4.3 STREET ADDRESS MONTICELLO FL 32344 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CiTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 61 TITLE Change Addition DELETE NAME 62 NAME STREET ADDRESS 8.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3Xi), 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 completion 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 ajrachment with an address.

Atten. Mr. Tyron Scott

Division of Corporation

P.O. Bux 6222

Toly FL 52314

2

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, anual report.

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