

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1996.  
AMOUNT DUE ON OR BEFORE 8/6/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -9 PM 8:19

**DOCUMENT # V16787 (6)**

1. Corporation Name  
**COMMUNITY REHABILITATION, INC.**

Principal Place of Business Mailing Address  
**1700 S. FIRST ST. LAKE CITY FL 32055 US** **P. O. BOX 2131 LAKE CITY FL 32056**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/24/1992</b>	3a. Date of Last Report <b>07/08/1994</b>
4. FEI Number <b>59-3109534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 169.052, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>P.O. Box 2131</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>LAKE CITY, FL</b>	27
City & State	City & State
23 <b>LAKE CITY, FL</b>	28
Zip	County
24 <b>32055</b>	25 <b>US</b>
29	30

9. Name and Address of Current Registered Agent

**EAGLE, THOMAS H.  
RT. 10 BOX 319  
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 \_\_\_\_\_ (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	<b>D</b>
NAME	<b>EAGLE, THOMAS H.</b>
STREET ADDRESS	<b>RT 2 BOX 230</b>
CITY - ST - ZIP	<b>LAKE CITY FL</b>
TITLE	<b>D</b>
NAME	<b>RUSSELL, TIMOTHY L.</b>
STREET ADDRESS	<b>RT 8 BOX 465 W-1</b>
CITY - ST - ZIP	<b>LAKE CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>Rt 8 Box 465 W-1</b>
14 CITY - ST - ZIP	<b>LAKE CITY, FL 32055</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>Rt 8 Box 819</b>
24 CITY - ST - ZIP	<b>LAKE CITY, FL 32055</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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.

SIGNATURE: Timothy L Russell Timothy L Russell 6-5-95 904 755-6961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Number)

CR2E034 (3/95)