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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:42

DOCUMENT # 609972 (5)

1. Corporation Name

PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.

Principal Place of Business

16204 NORTH FLORIDA AVENUE
LUTZ FL 33549

Mailing Address

16204 NORTH FLORIDA AVENUE
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/08/1979

3a. Date of Last Report
03/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1913294

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

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SMITH, R BOB, III
17408 GUNN HWY.
ODESSA, FL
33558**

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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
SMITH, R BOB, III
17408 GUNN HWY
ODESSA, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SMITH, CATHERINE R
17408 GUNN HWY
ODESSA, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VST
SMITH, CATHERINE R
17408 GUNN HWY
ODESSA, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SEMINOFF, SERJE G.
16204 N. FLORIDA AVE
LUTZ FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1 TITLE

Change 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 supplement to 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 liquidator approved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if appropriate, on an attachment with an original.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

7-29-95 (813) 968-3003