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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **609972**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/08/1979</b>	
21		26		4. FEI Number <b>59-1913294</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SMITH, R BOB, III                  17408 GUNN HWY.                  ODESSA, FL                  33556</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, R BOB, III	1.2 NAME	
STREET ADDRESS	17408 GUNN HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D, Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CATHERINE R	2.2 NAME	
STREET ADDRESS	17408 GUNN HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CATHERINE R	3.2 NAME	
STREET ADDRESS	17408 GUNN HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMINOFF, SERJE G.	4.2 NAME	
STREET ADDRESS	16204 N. FLORIDA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	VPD, Secretary, Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, KAY M.	5.2 NAME	
STREET ADDRESS	16204 N FLORIDA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, GARY	6.2 NAME	
STREET ADDRESS	16204 N FLORIDA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Kay M. Cunningham* 5/13/99 813 968 3003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)