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Mar 11 1997 8:00am
Secretary of State

*NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 761105 (6)

1. Corporation Name

PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED
ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5540 RIO VISTA DRIVE
CLEARWATER FL 34620-3107

5540 RIO VISTA DRIVE
CLEARWATER FL 34620-3107



3. Date Incorporated or Qualified
12/14/1981

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 12425-28th St. N.

2a. Mailing Address

26 12425-28th St. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg, FL

Zip

24 33716

Country

25 USA

Zip

29 33716

Country

30 USA

4. FEI Number

59-2167018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWTON, WILBUR E.
225 SOUTH ADAMS STREET
SUITE 250
TALLAHASSEE FL 32301

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HUMPHRIES, FREDERICK S
STREET ADDRESS FOOLE-HILYAR ADMINISTRATION BLDG.
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME DAVIS, PAMELA J.
STREET ADDRESS 5540 RIO VISTA DRIVE
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Davis, Pamela J.
2.3 STREET ADDRESS 12425-28th St. N.
2.4 CITY-ST-ZIP St. Petersburg, FL

TITLE CD ☐ DELETE
NAME BRYANT, CECILIA
STREET ADDRESS 1400 PRUDENTIAL DRIVE #3
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MILLER, DANIEL J
STREET ADDRESS 2529 BETTONWOODS DR
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME REEVES, JAMES J
STREET ADDRESS 730 BAYFRONT PARKWAY SUITE 4-B
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SINGLETARY, HARRY K JR.
STREET ADDRESS 2601 BLAIR STONE ROAD
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name
appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

David M. Glaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 1997

813/572-1987

Daytime Phone # 0067272

CR2E037 (9/96)