

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 761105**

1. Corporation Name

**PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED  
ENTERPRISES, INC.**

Principal Place of Business

12425 28TH ST N  
ST PETERSBURG FL 33716  
US

Mailing Address

12425 - 28TH ST N  
ST PETERSBURG FL 33716  
US

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90014 014 \*\*\*122.50

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/14/1981

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

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

TITLE PD ☐ DELETE

NAME DAVIS, PAMELA J  
STREET ADDRESS 12425 - 28TH ST N  
CITY-ST-ZIP ST PETERSBURG FL

TITLE CD ☐ DELETE

NAME BRYANT, CECILIA  
STREET ADDRESS 1400 PRUDENTIAL DRIVE #7  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME GOODE, R. RAY  
STREET ADDRESS 3600 NW 82ND AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME MAY, RANDALL L.  
STREET ADDRESS 101 GEORGE KING BLVD.  
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

400 Lee Hall

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

CD

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

245 Challenger Rd.

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
MOORE, MICHAEL W.  
2601 Blair Stone Rd.  
Tallahassee, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/99

727-572-1987

Date

Daytime Phone #

CR2E037 (11/98)