

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K85664 (6)

1. Corporation Name

PROFESSIONAL RESOURCE INSTITUTE FOR DISABILITY E  
VALUATION, INC.



Principal Place of Business

633 VA DRIVE  
BRADENTON FL 34205  
US

Mailing Address

C/O W. M. SMILEY, JR.  
4275 34TH STREET, SOUTH, SUITE 333  
ST. PETERSBURG FL 33711  
US

3. Date Incorporated or Qualified  
05/04/1989

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 6860 GULFPORT BLVD SO.

2a. Mailing Address

26 6860 GULFPORT BLVD. SO.

4. FEI Number

65-0129481

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 800

Suite, Apt. #, etc.

27 SUITE 800

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

City & State

23 SO. PASADENA, FL

City & State

28 SO. PASADENA, FL

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Zip

24 33707

Country

25 U.S.A

Zip

29 33707

Country

30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.  
417 EAST VIRGINIA STREET  
SUITE 1  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

NAMACK, WILLIAM H. III

82 Street Address (P.O. Box Number is Not Acceptable)

1800 2ND STREET

83

SUITE 855

84 City

SARASOTA, FL

FL

85 Zip Code

34236

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 607.0506, Florida Statutes.

SIGNATURE

WILLIAM H. NAMACK III

(NOTE: Registered Agent signature required when reinstating)

4/26/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMILEY, WILLIAM MCKINLEY  
STREET ADDRESS 4275 34TH STREET, SOUTH, SUITE 333  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME SMILEY JR., WM. MCKINLEY

1.3 STREET ADDRESS 6860 GULFPORT BLVD. SO. SUITE 800

1.4 CITY-ST-ZIP SO. PASADENA, FL. 33707

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

WILLIAM H. NAMACK III

4/24/96

8133448678

CR2E034 (12/95)