SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001498 (5)**

1. Corporation Name
PROFESSIONAL REPAIR INDUSTRY DIAGNOSTIC EXPERTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
4500 PHILLIPS HIGHWAY JACKSONVILLE FL 32207	4500 PHILLIPS HIGHWAY JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1993
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-3167421 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21	4981 ATLANTIC Blvd	
	22	Suite 9	
	23	JACKSONVILLE FL	
	24	32207	25 Duval
2a. Mailing Address	26	4981 ATLANTIC Blvd	
	27	Suite 9	
	28	JACKSONVILLE FL	
	29	32207	30 Duval

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, VICKI
4500 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Vicki Smith
82 Street Address (P.O. Box Number is Not Acceptable): 4981 ATLANTIC Blvd
83: Suite 9
84 City: JACKSONVILLE FL 85 Zip Code: 32207

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: Vicki Smith — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BERGHOEFER, DAVE	12 NAME	Stan Baker	
STREET ADDRESS	9601 SUNBEAM CENTER DR.	13 STREET ADDRESS	3239 Ricky Dr.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	CROWDER, BILL	22 NAME	Dave Berghoefer	
STREET ADDRESS	5947 ORTEGA RIVER CR.	23 STREET ADDRESS	9601 Sunbeam center Dr.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	SWENSEN, DON	32 NAME	Mark Fleischer	
STREET ADDRESS	241 EGRETS WALK	33 STREET ADDRESS	6855 Phillips Hwy.	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	Jacksonville, FL	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	BAKER, STAN	42 NAME	Mark Miller	
STREET ADDRESS	3239 RICKY DR.	43 STREET ADDRESS	9962 San Jose Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, FL	
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	BARKER, CHARLIE	52 NAME	Mark Miller	
STREET ADDRESS	3553 MARENGO DR.	53 STREET ADDRESS	9962 San Jose Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	HAMM, DAVID	62 NAME	Ed Kiely	
STREET ADDRESS	P. O. BOX 5749 N/A	63 STREET ADDRESS	10610 LaMancha Ave.	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, FL	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 (if changed or added) on attachment with an address.

SIGNATURE: _____ 6-24-95 904 268 4042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001872