

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000001498 (5)**

1. Corporation Name

**PROFESSIONAL REPAIR INDUSTRY DIAGNOSTIC EXPERTS  
OF AMERICA, INC.**



Principal Place of Business

Mailing Address

4981 ATLANTIC BLVD  
SUITE 9  
JACKSONVILLE FL 32207  
US

4981 ATLANTIC BLVD  
SUITE 9  
JACKSONVILLE FL 32207  
US

3. Date Incorporated or Qualified  
**04/01/1993**

3a. Date of Last Report  
**08/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 537 Park st.

26 537 Park st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State  
Jacksonville Florida

City & State  
Jacksonville Florida

Zip  
32204

Country  
U.S.A.

Zip  
32204

Country  
U.S.A.

4. FEI Number

**59-3167421**

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

SMITH, VICKI  
4981 ATLANTIC BLVD  
SUITE 9  
JACKSONVILLE FL 32207

81 Name Baker, Stan

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

83

84 City Jacksonville

FL

85 Zip 32204

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 *Stanley L Baker* Stan Baker / President / Chairman

2 / 26 / 96

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  
NAME BAKER, STAN  
STREET ADDRESS 3239 RICKY DR  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

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

TITLE VD  
NAME BERGHOEFER, DAVE  
STREET ADDRESS 9601 SUNBEAM CENTER DR  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

2.1 TITLE V/D  
2.2 NAME Gunter Hugh  
2.3 STREET ADDRESS 3007 Maranatha dr.  
2.4 CITY-ST-ZIP Middleburg Fl. 32068 ☒ Change ☐ Addition

TITLE VD  
NAME FLEISCHER, MARK  
STREET ADDRESS 6855 PHILLIPS HWY.  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

3.1 TITLE V/D  
3.2 NAME Farman Chip  
3.3 STREET ADDRESS 2825 Mayport rd.  
3.4 CITY-ST-ZIP Atlantic Beach Fl. 32233 ☒ Change ☐ Addition

TITLE SD  
NAME MILLER, MARK  
STREET ADDRESS 9962 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

4.1 TITLE S/T/D  
4.2 NAME Ferran Mike  
4.3 STREET ADDRESS 5552 Beach Blvd.  
4.4 CITY-ST-ZIP Jacksonville Fl. 32207 ☒ Change ☐ Addition

TITLE TD  
NAME MILLER, MARK  
STREET ADDRESS 9962 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

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

TITLE D  
NAME KIELY, ED  
STREET ADDRESS 10610 LAMANCH AVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

6.1 TITLE D  
6.2 NAME Kiely, ED  
6.3 STREET ADDRESS 2572 Spreading Oak Ln.  
6.4 CITY-ST-ZIP Jacksonville Fl. 32223 ☒ Change ☐ Addition

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 199.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stanley L Baker* Stan Baker/President/Chairman 2/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)