



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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## TITLE PAGE

Solicitation Agency  
**City of Lauderhill, Florida**

Solicitation Number  
**RFP #2026-019**

Solicitation Title

## Printing Services

Solicitation Event End Date  
**1/12/2026 @ 2:45 PM**

Bidder  
**Prison Rehabilitative Industries and Diversified  
Enterprises, Inc.  
dba: PRIDE Enterprises**

**Contact Information**  
**Contact: Mary Jacobs**  
**Phone: 819-890-6557**  
**Email: [bids@pride-enterprises.org](mailto:bids@pride-enterprises.org)**



**REQUEST FOR QUALIFICATIONS  
NO.: 2026-019**

**PRINTING SERVICES**

**Issued for:**

**VARIOUS DEPARTMENTS**

**Visit us on the web at: [www.lauderhill-fl.gov](http://www.lauderhill-fl.gov)**

**Opens: January 12, 2026**

**Date Issued: December 18, 2025**

## **REQUEST FOR QUALIFICATIONS NOTICE TO BIDDERS**

NOTICE IS HEREBY GIVEN that the City of Lauderhill is seeking sealed qualifications for the following work as specified:

### **RFQ NUMBER: #2026-019 PRINTING SERVICES**

The City of Lauderhill will accept sealed qualifications until **2:45 P.M. EST**, on **January 12, 2026** via **IonWave** at <https://lauderhill.ionwave.net>, and qualifications will be opened at **3:00 P.M.** qualifications received after 2:45 P.M. EST will not be considered.

The intent of this RFQ is to assemble a list of qualified vendors to perform a variety of administrative printing services on an on- going, as needed, basis throughout the contract period. The contract will be for two (2) with a one (1) year renewal.

Work performed is expected to be routine in nature and of a scope normally required by a public service agency. Types of products expected to be procured under the awarded contract include but are not limited to:

- Stationery with the agency's logo
- Address, and related contact information
- Matching 'second page' stationery that would not require any artwork
- Various sized business envelopes
- Business cards
- Forms
- Operational manuals on 8 ½" x 11" plain three (3) hole punched paper
- Member handbooks (5.5 "x 8.5" finished size) saddle stitched, three tab with self-mailing covers
- Miscellaneous print jobs in limited quantities ranging from hundreds to thousands of pieces.

All proposers are required to register online at [www.colvendor.com](http://www.colvendor.com).

The full Statement of Work will be available on and after **December 18, 2025**, on IonWave at <https://lauderhill.ionwave.net/>. Vendors who obtain solicitation documents from sources other than IonWave are advised that their solicitation package may be incomplete. All addendums will be posted and distributed via IonWave by the Finance/Purchasing Department.

Questions regarding this RFQ may be submitted via the IonWave question tab. The final date for questions will be ten (10) days before the proposal due date. Questions received after this date will not be answered.

A liquidated damages clause will be included in the contract, detailing the consequences of non-compliance, which will be enforced for this project.

All proposers must register online with the City of Lauderhill at [www.colvendor.com](http://www.colvendor.com).

The City encourages local vendor participation, and this procurement qualifies for Local Vendor Preference in accordance with Section 2-139 of the City's Code of Ordinances.

Proposers agrees to extend identical pricing and goods under the same terms and conditions to other governmental entities. Any contracting agency wishing to use the services will enter into a separate agreement with the successful proposer.

The Public Entity Crimes Affidavit, Foreign Entity Laws Affidavit, and the Anti-Human Trafficking Affidavit must be completed and submitted as part of the proposal.

In compliance with **Section 287.05701, Florida Statutes**, the City of Lauderhill will not consider a vendor's social, political, or ideological views when evaluating proposals.

The City of Lauderhill reserves the right to reject any or all submissions, waive informalities, or irregularities, and accept or reject parts of any proposal deemed in the best interest of the City. The successful bidder will be required to enter into a contract with the City of Lauderhill.

CITY OF LAUDERHILL, FLORIDA



Kentrea L. Dykes

**Purchasing and Contracts Manager**

Advertised on: **December 18, 2025 and December 26, 2025**

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**STATEMENT OF NON- PARTICIPATION**

**RFQ NO.: 2026-019  
PRINTING SERVICES**

*Note: If you do not intend to submit a bid or proposal for this item/service, please complete this form and attach it to IonWave.*

We/I do not wish to participate in this proposal for the following reason(s):

- Specifications proprietary
- Cannot supply at this time
- We do not carry this item
- We do not provide this service
- Unable to meet specifications
- Unable to meet bond requirements
- Other: \_\_\_\_\_

**Please keep us on your bid list for future projects:**

- Yes
- No

**Signature:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## SECTION 1 – DEFINITIONS

The following terms, when used in the Proposal, shall have the meanings ascribed to them below:

**1.1 City:** Refers to the City of Lauderhill, Florida.

**1.2 Contract:** The formal written agreement entered into between the City and the selected Proposer for the performance of the Scope of Work.

**1.3 Contract Administrator:** The Purchasing and Contracts Manager, or any other City employee specifically designated in writing by the City Manager, who acts as the City's representative concerning the Contract Documents.

**1.4 Evaluation/Selection Committee:** A group of City staff members and/or external consultants assigned the responsibility of evaluating and selecting the submitted proposals.

**1.5 Proposer:** Any individual, firm, or corporation that submits a proposal for this project, either directly or through an authorized representative. For the purposes of this Agreement, "Proposer" is synonymous with "Bidder."

**1.6 Proposal:** Any submission made in response to this Request for Qualification, also referred to as a "Bid." The term is interchangeable while maintaining the same meaning.

**1.7 Purchasing Office:** The Purchasing Division within the Department of Finance of the City of Lauderhill.

**1.8 Provider, Bidder, Contractor, Successful Proposer, Vendor, or Consultant:** The Proposer who is awarded the contract as a result of this Request for Qualification. These terms may be used interchangeably, each retaining the same meaning.

**1.9 Qualifications/Proposal:** Refers to the Offer(s) submitted in response to the Request for Qualification.

**1.10 Request for Qualification (RFQ):** The document that constitutes the Request for Qualification, including all exhibits, attachments, and any subsequent addendums or change orders issued by the Purchasing Division.

**1.11 Subcontractor/Subconsultant:** Any individual, firm, entity, or organization, other than the employees of the Successful Proposer, contracted to provide labor, or labor and materials, in connection with the Work or Services to the City, whether directly or indirectly.

**1.12 Local Vendor Preference Policy:** When awarding bids and determining the lowest, best, and most responsible bidder, the City Commission may offer a preference to local vendors, contractors, or subcontractors. This preference is at the discretion of the City Commission. Additionally, purchases and contracts within the

authority of the City Manager (valued up to \$59,999.00) may also apply the local vendor preference in accordance with the guidelines outlined in this section.

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## **SECTION 2 – SCOPE OF SERVICES**

City of Lauderdale is seeking proposals to perform a variety of administrative printing services on an on-going, as needed basis throughout the contract period. Work performed is expected to be routine in nature and of a scope normally required by a public service agency. Types of products expected to be procured under the awarded contract include but are not limited to:

- Stationery with the agency's logo
- Address, and related contact information
- Matching 'second page' stationery that would not require any artwork
- Various sized business envelopes
- Business cards
- Forms
- Operational manuals on 8 ½" x 11" plain three (3) hole punched paper
- Member handbooks (5.5 "x 8.5" finished size) saddle stitched, three tabs with self-mailing covers
- Step and Repeat 8 X8
- Signs 96 x 48
- Yard Signs
- Door Hangers 4 X 11
- Hand Cards
- Reflective Signs
- Banners
- 8 x 4 corrugated plastic
- Light pole banners
- Door stickers
- Brochures
- Magazines
- Custom towels
- Various sizes coroplast cake toppers
- Post cards and mailing
- Door vinyl removal and installation
- Various size magnets
- Miscellaneous print jobs in limited quantities ranging from hundreds to thousands of pieces.

Since the exact quantities and products will change based upon business necessity and cannot be predicted with exact certainty, the City is

seeking proposals that will identify quantity price discounts at pre-determined levels for standard and non-standard print jobs using both camera-ready copy supplied by City of Lauderhill as well as artwork designed and maintained by the selected vendor.

- Proposals should provide pricing for various types of products as well as estimated pricing at graduated quantity levels
- Costs associated with the artwork design and production should be listed separately where feasible
- Discuss any creative pricing or payment options the Applicant can provide
- Describe alternate approaches to the requested services where feasible or additional services offered or recommended, which may not be specifically requested but of benefit to the City of Lauderhill

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### **SECTION 3 – QUALIFICATIONS**

Proposals will be considered from qualified firms or individuals whose experience includes successful work on similar projects. Additionally, the firm must have a sufficient number of qualified staffs in the applicable disciplines to complete the work in a timely manner and in accordance with State of Florida statutes and standards, where applicable.

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### **SECTION 4 - TERM**

The City anticipates awarding contract(s) for **two (2) years with one (1) additional one (1) year renewal option**, contingent on funding availability. Failure to complete work or satisfy deadline requirements shall result in termination of any future obligations of the City of Lauderhill to the company.

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### **SECTION 5 – INQUIRIES/AVAILABILITY**

Inquiries concerning RFQ Submittals should be made in writing via IonWave.

Solicitation documents shall be obtained by download via IonWave at <https://lauderhill.ionwave.net/>.

**IMPORTANT:** Contact with personnel of the City of Lauderhill, other than the Purchasing Manager or designated representative, regarding this Request for Qualifications (RFQ) may be grounds for elimination from the selection process.

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**SECTION 6 – SUBMITTAL INFORMATION: How, When & Where**

- Qualifications must be submitted via IonWave at <https://lauderhill.ionwave.net/>.
- Qualifications must be signed in ink by an authorized officer of the proposing firm who is legally authorized to enter into a contractual relationship on behalf of the Proposer.
- Submission of the Qualifications by the Proposer will be considered an Offer to perform the required services.
- Proposers certify that prices, terms, and conditions in their Qualifications will be firm for a period of ninety (90) days from the bid opening date unless otherwise stated by the City.
- Qualifications cannot be withdrawn before the expiration of ninety (90) days. After that period, withdrawals may only be made with written notification to the City.
- Prices must be firm with no escalator clauses unless specified by the City.

**SECTION 7 – EVALUATION METHODOLOGY**

**Evaluation Criteria**

Proposals will be scored and awarded points in accordance with the following evaluation criteria. The City of Lauderhill’s local vendor preferences will apply to this solicitation. Qualified and responsive contractors that receive over eighty points will be added to the contractor roster.

<b>Evaluation Category</b>	<b>Points</b>
<b>Professional Experience of Vendor and Staff</b>	40
<b>Past Performance</b>	15
<b>Firm Approach to Projects and/or Events</b>	25
<b>References</b>	10
<b><u>Price</u></b>	<u>10</u>
<b>Total Max Points</b>	<b>100</b>

**SECTION 8 – SELECTION PROCEDURE**

An Evaluation Committee appointed by the City of Lauderhill will be responsible for recommending the most qualified Proposers to the City Commission for selection. The Committee may request additional or

clarifying information from any Proposer. The Committee may also, at its discretion, request oral presentations to further evaluate the qualifications of Proposers.

**IMPORTANT:** An award will only be deemed final when the agreement has been fully executed by both parties. Until then, the City reserves the right to revoke any award without penalty or obligation.

The City reserves the right to award to one proposer, to split the award among multiple proposers, or to not award.

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### **SECTION 9 – REJECTION CRITERIA**

A RFQ submission will be considered non-responsive if any of the following criteria exist (this list is not all-inclusive):

- Failure to submit the required documents or complete the necessary forms.
- Submission of a proposal after the due date and time.
- Failure to meet minimum qualifications as outlined in the RFQ.
- Inaccurate or misleading information provided in the proposal.
- Non-compliance with the RFQ terms and conditions.
- All questions and instructions, including the questions in the Qualifications Package, have not been properly completed.
- The instructions, order, and matrixes in the RFQ response Package have not been properly followed.
- The RFQ response Package is found to have concealed or contained false and/or misleading information.
- The City did not receive the RFQ Package prior to the submittal deadline.
- Your firm is not licensed with the Florida Secretary of State to do business in Florida. You must submit a State of Florida Certificate of Status for your firm.
- Executed Non-Collusive/and or Drug Free Workplace Affidavits are not submitted with the response.
- The Proposal signature page and certification is not properly executed.

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### **SECTION 10 - WAIVERS**

The City in its sole discretion, reserves the right to reject any and all proposals, accept any proposal or any combination of proposals or waive any minor irregularity or technicality in proposals received and may, at its sole discretion, request a re-proposal, when in its sole judgment, it will best serve public interest.

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## **SECTION 11 - INSURANCE REQUIREMENTS**

The Contractor shall furnish proof of insurance requirements as indicated below. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The City is to be added as an "additional insured" with relation to General Liability Insurance. This MUST be written in the description section of the insurance certificate, even if you have a check-off box on your insurance certificate. Any costs for adding the City as "additional insured" will be at the contractor's expense.

The City of Lauderhill shall be given notice 30 days prior to cancellation or modification of any stipulated insurance. The insurance provided will give 10 days' notice for non-payment of premium. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Purchasing Division.

The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the contractor that precludes coverage for work contemplated in this RFP shall be deemed unacceptable, and shall be considered breach of contract.

Any firm performing work on behalf of the City of Lauderhill must provide Workers' Compensation insurance. Exceptions and exemptions can only be made if they are in accordance with Florida Statute. For additional information, contact the Department of Financial Services, Worker's Compensation Division at (850) 413-1601 or on the web at <http://www.fldfs.com>

### **Commercial General Liability Insurance**

Covering premises-operations, products-completed operations, independent contractors and contractual liability.

Limits: Combined single limit bodily injury/property damage  
\$1,000,000.

This coverage should include, but not limited to:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Personal and Advertising Injury Liability

- d. Products/Completed Operations
- e. Broad Form Contractual Liability

Covering all owned, hired, and non-owned automobile equipment, and other vehicles used by the successful Proposer in the performance of the work with the following limits of liability:

Limits: Combined single limit bodily injury/property damage  
\$1,000,000

Professional Liability (Errors & Omissions)

Limits: \$2,000,000 per occurrence

This coverage should include, but not limited to:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability

Automobile Liability Insurance

Covering all owned, hired, and non-owned automobile equipment, and other vehicles used by the successful proposer in the performance of the work with the following limits of liability:

Limits: Bodily injury \$500,000 each person,  
\$500,000 each occurrence PRIDE has fleet nsurance  
Property damage \$100,000 each occurrence from the State as set forth in  
the attached documents or will use common carriers.

Professional Liability (Errors & Omissions)

Limits: \$2,000,000 per occurrence

A copy of ANY current Certificate of Insurance should be included with your proposal.

In the event that you are the successful proposer, you will be required to provide a certificate naming the City as an "additional insured" for General Liability.

Certificate holder should be addressed as follows:

City of Lauderdale  
Finance Department  
5581 West Oakland Park Blvd.  
Lauderhill, FL 3331

## **SECTION 12 - SUBMITTAL PACKAGE**

Submit this portion of the Request for Proposal as your firms Qualifications Package. Complete the following information exactly as shown including numbering and tabbing sections. This information is vital for the City to rate your firm, as your evaluation and ranking will be based on the information supplied below along with any other information required by the City.

### **TAB #1**

#### **Insert Proposer's Qualification Statement (Attachment "A")**

- Ensure that all requested qualifications are included in this section, per Attachment A.
- 

### **TAB #2**

#### **Statement of Capabilities:**

- Provide a statement that addresses why your specific firm is best positioned to deliver the required services.
  - **Limit to one (1) page.**
- 

### **TAB #3**

#### **Experience of Team**

Provide information on the experience and qualifications of your team include the number of certified technicians assigned to the City. Please provide a flow chart of the proposed operation of the City account. Include information from initial contact through final inspection by City contract manager including approval levels, checks and balances. (include organizational chart.)

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### **TAB #4**

#### **Specific Related Experience of the Firm**

- List the last five (5) contracts held that are comparable to this specific project and related experience accomplished by the proposer's firm. For each contract, include:
  - Client Name, address, and telephone number
  - Principal/Project Manager in Charge, licensing/certifications, various team positions
  - Whether your firm was the primary or subcontractor

- Description of the contract, including:
    - Contract Objective(s)/accomplishments
    - Challenges encountered, and how they were resolved
    - Contract Start and End Dates
- 

## **TAB #5**

### **Cost Schedule:**

- Submit your **Cost Schedule** here as requested.
- 

## **Tab #6**

### **Ability to Perform**

- Include a signed copy of the RFQ's Performance Measures.
  - Provide five examples of completed projects that demonstrate your firm's proficiency in project management and cost control.
- 

## **TAB #7**

### **Attachments for Insertion:**

- Proposer's Qualifications Statement (Attachment A)
- Non-Collusive Affidavit (Attachment B)
- Cost Schedule (Attachment C)
- Confirmation of Drug-Free Workplace (Attachment D)
- Signature Page (Attachment E)
- List of Subcontractors (Attachment F)
- References (Attachment G)
- Acknowledgement of Addendum (Attachment H)
- Certificate of Insurance, and Licenses



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## Tab "1"

# Attachment ""A"" Proposer's Qualification Statement

**ATTACHMENT A  
PROPOSER'S QUALIFICATIONS STATEMENT**

PROPOSER shall furnish the following information. Failure to comply with this requirement will render the Bid non-responsive and cause its rejection. Additional sheets may be attached as required.

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**PROPOSER'S Name and Principal Address:**

Prison Rehabilitative Industries and Diversified Enterprises, Inc. | dba: PRIDE Enterprises

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**Contact Person's Name and Title:**

Mary Jacobs, Customer Service Manager

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**PROPOSER'S Telephone and Fax Number:**

Phone: 813-890-6557      Fax: N/A

---

**PROPOSER'S Email:**

(Insert email address)

bids@pride-enterprises.org

---

**PROPOSER'S License Number:**

761105

---

**PROPOSER'S Federal Identification Number:**

59-2167018

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**Number of years your organization has been in business, in this type of work:**

44-Years

---

Names and titles of all officers, partners, or individuals doing business under trade name:

See Attachment "I"

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**The business is a:**

- Sole Proprietorship
- Partnership
- Corporation

---

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

USI Insurance Services, LLC , 2502 N Rocky Point Drive, Ste 400 Tampa, FL 33607  
Brittany Boucher Telephone: 813-321-7500

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Have you ever failed to complete work awarded to you? If so, when, where, and why?

No

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Have you personally inspected the proposed WORK, and do you have a complete plan for its performance?

Yes

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Will you subcontract any part of this WORK? If so, give details including a list of each subcontractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s):

No

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The foregoing list of subcontractor (s) may not be amended after the award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

N/A

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List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition:

N/A

---

List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s):

N/A

---

List all claims, arbitrations, administrative hearings, and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute:

See Attachment "J"

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List and describe all criminal proceedings or hearings concerning business-related offenses in which the Proposer, its principals, or officers or predecessor organization(s) were defendants:

N/A

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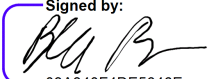
Has the Proposer, its principals, officers, or predecessor organization(s) been CONVICTED OF a Public Entity Crime, debarred, or suspended from bidding by any government during the last five (5) years? If so, provide details:

No

---

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by the CITY in awarding the contract and such information is warranted by the PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER'S qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

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**By:**  Signed by:  
03A340F4DE5646E...

Blake Brown, President



PRIDE Enterprises  
PO Box 4480  
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## Tab "2"

# Statement of Capabilities



## PRIDE Enterprises Company Overview

### ABOUT PRIDE ENTERPRISES

Prison Rehabilitative Industries and Diversified Enterprises, Inc. (d/b/a PRIDE Enterprises) is a private, not-for-profit 501 (c) (3) corporation created by the Florida Legislature in 1981. PRIDE is a self-funded organization statutorily designated to operate Florida's prison industries. More than 3,000 unique products and services are produced and delivered by PRIDE's 37 diverse inmate work programs which are located in 17 Florida correctional facilities.

### ORGANIZATION

The members of the PRIDE Enterprises Board of Directors are appointed by the Governor and confirmed by the Senate. PRIDE has approximately 200 staff members and trains over 3,500 inmates annually. The company is comprised of 6 distinct business units: Agriculture, Sewn Products, Graphics/Digital, Services, General Manufacturing, and Specialty Manufacturing.

### COMMUNITY CONTRIBUTIONS

PRIDE Enterprises trains inmates in real-world job skills in many diverse fields with a focus on external certifications such as: welding, forklift training, culinary, carpentry, dental and optical lab, engineering, customer service, and manufacturing. These programs, which include 400+ vocational job titles, have been developed to assist the offenders in their successful transition into the job market upon completion of their sentences. Re-entry programs lowers the number of repeat offenders and reduces criminal justice costs for all citizens. PRIDE also serves the community through its statutory missions of serving security goals and prevention of idleness; reducing the cost of state government, simulating a real-world working environment; and providing work training programs and post release job placement.

### MANUFACTURING CAPABILITIES & SERVICES

Products: • Seating, Panel Systems, Office and Detention Furniture • Corrugated Boxes & Products • Indoor and Outdoor Signage • Bedding Products • Uniforms and Specialty Apparel • Footwear • Embroidery/Screen Printing • Footwear • Traffic Paint • Lumber and Outdoor Furniture Products • Metal Products • Janitorial Products and Services • Specialty & Custom Products • Warehousing • Graphics/Printing • Agriculture • Meat Processing  
Services: • Digital Imaging/Storage • Mailing • Optical Lab • Dental Lab • Tire Retread • Heavy Vehicle Conversions, Repair & Renovation.

### VALUE ADDED SERVICES

- **Contract Manufacturing** • Product/Process Engineering • Manufacturing Expertise • Contract Management
- **Communication** • Marketing & Message Communication • Digital Asset Management
- **Product Expert Professionals** • Technologically Knowledgeable • Quality Driven • ISO 9000 Certified
- **Centralized Customer Service** • Local Service Representatives • Web-based Purchasing • Industry- specific expertise
- **Embracing Technology** • Customer-friendly website and e-commerce portal • advanced security systems • highly qualified IT professionals
- **Partnerships** • Strategic Relationships • Innovative Solutions

### QUALIFICATIONS

Qualifications • 40 years of manufacturing experience • Annual sales in excess of \$60 million • Demonstrated ability to handle complex large volume orders while able to devote time to small custom jobs. • On-site customer service • Professional staff includes engineers, designers, IT professionals, manufacturing experts and technical specialists.



## PRIDE Graphics Service Capabilities

PRIDE has helped Florida's state, county and local agencies create all forms of printed materials ranging from magazines to forms and letterheads throughout the years.

Desktop Department is equipped with the latest software programs, Quark and Adobe Products (PageMaker, InDesign, Illustrator, PhotoShop, and Acrobat PDF) in both Mac and PC platforms. We also have in-house imposition and tapping software to provide high-quality printed material.

For scanning and proofing we have two types of scanners, Microtek Scanmaker E6 and UMAX Powerlook 1100.

AGFASelectSet 7000 for film generation and for color proofs. We use an EPSON Stylus Pro 9000 and a 3M Imaton Matchprint Proofing System.

Complete line of Heidelberg and Polly printing presses, both small format (8.5 x 11) to large format (24 x 36), from 1 to 5 colors (brochures, covers, manuals, catalogs, pocket folders, calendars). Letterpress equipment including Miehle and Heidelberg for foil stamping, die cutting, etc. Products include pocket folders, specialty cutting, embossed products, etc.

PRIDE Graphics can provide our customers a wide range of in-house bindery services, 1 - 5 hole drilling, cutting, folding, padding, die-cut folders, flat stitch saddle stitch, gluing, perfect binding, GBC, Plasticoining, tabbing and loose leaf.

We utilize a McCain Versa Binder for trimmed saddle stitching of magazines, newsletters, books, and booklets.

PRIDE Graphics have long-standing relationships with most of the top paper houses in the country such as Unisource, Mac, and X-Pedx.

PRIDE Graphics has dedicated data connections via a T-1 line to all print facilities to expedite orders electronically.

Delivery and pickup services maybe scheduled as needed Print schedules are flexible as multiple production facilities enable dynamic production scheduling. Standard turn time is 7 workdays. We ship product via UPS, FedEx, and Common carrier as well as our own courier service.

Within PRIDE Graphics, there are currently 25 managers and/or supervisors amongst three full-service print facilities. We also have six account representatives, and twelve regional graphics sales and service representatives in the State of Florida as well as over 15 in-house customer service representatives who are available to service all your needs via toll-free phone numbers, e-mail, fax and websites. FTP site can be assembled as paths to seamlessly integrate our services into your procurement procedures. Our representatives would be happy to hear from you to discuss any of these multiple options.

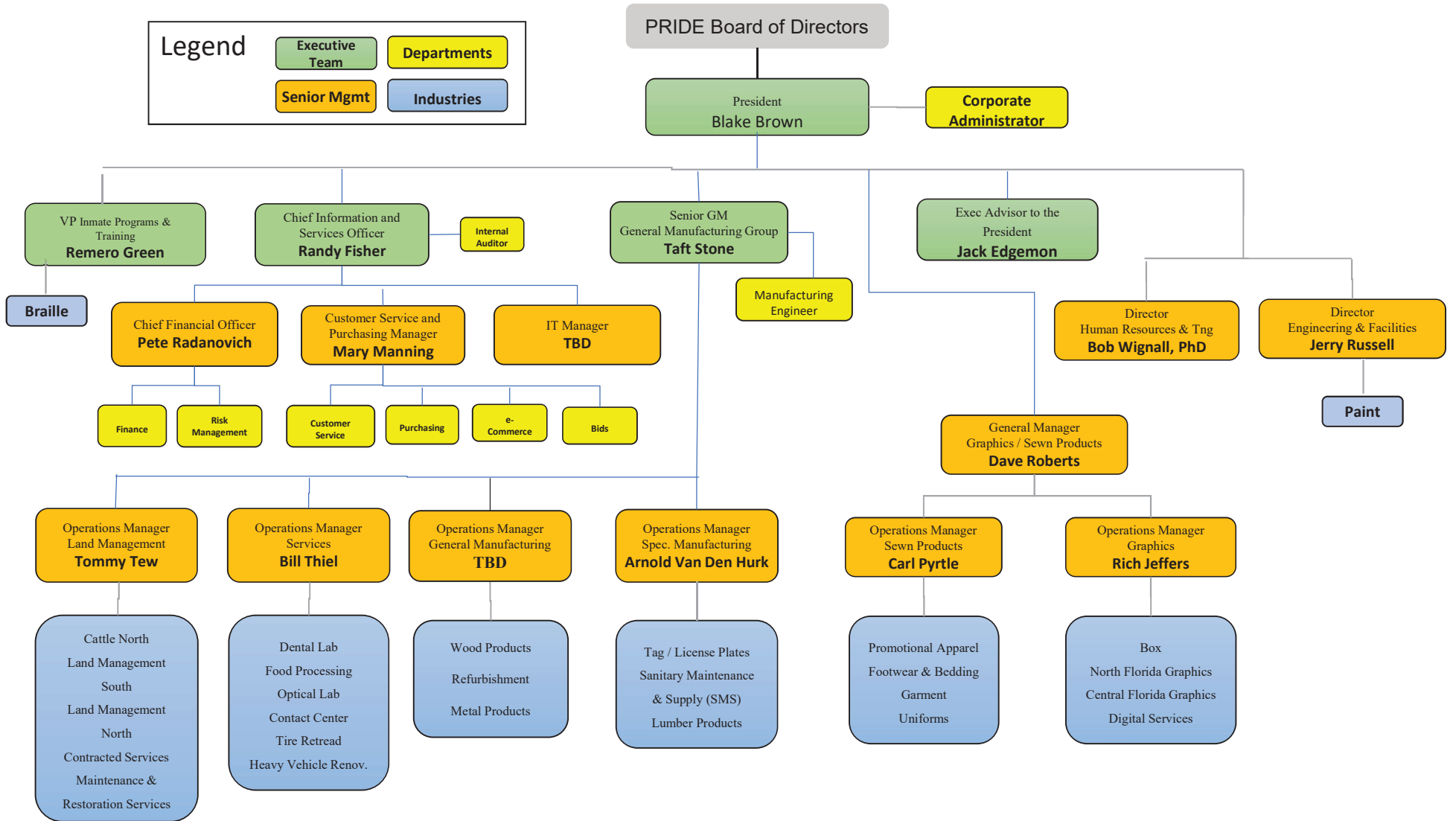


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## Tab "3"

# Experience of Team





## PRIDE Graphics Division Profile

### CONTACT INFORMATION

<b>Dave Roberts</b>	General Manager	<a href="mailto:droberts@pride-enterprises.org">droberts@pride-enterprises.org</a>
<b>Josh Jordan</b>	Operations Manager	<a href="mailto:rjeffers@pride-enterprises.org">rjeffers@pride-enterprises.org</a>
<b>Shane Hutson</b>	Graphics Manager	<a href="mailto:shutson@pride-enterprises.org">shutson@pride-enterprises.org</a>
<b>Austin Gardner</b>	Customer Service Manager	<a href="mailto:lthomas@pride-enterprises.org">lthomas@pride-enterprises.org</a>

### INDUSTRY ORGANIZATION & EXPERTISE

**About PRIDE Graphics:** PRIDE Graphics has the capability to assist with any project regardless of scope and size. With 35+ years of experience in helping organizations fulfill their graphics and printing needs utilizing state-of-the-art, innovative solutions, PRIDE Graphics offers an array of products and services such as: Format and Offset Printing, Forms Management, Corrugated Products, Indoor/Outdoor Signage, Specialty Printing, Letterhead & Envelopes, Document Conversion & Duplication. Many PRIDE Graphics On-the-Job-Training programs provide skill certifications from Printing Industries of America and other manufacturing / educational organizations. Year after year, PRIDE Graphics earns critical acclaim for the products and services provided to its customers. In fact, the Division has won over 200 graphics awards.

### MANUFACTURING CAPABILITIES & SERVICES

PRIDE Graphics' Desktop Publishing Department is equipped with the latest software programs, Quark and Adobe Products (PageMaker, InDesign, Illustrator, Photoshop, and Acrobat PDF) in both Mac and PC platforms. We also have in-house imposition and tapping software to provide high quality printed material. Our capabilities also include the following:

- » Scanning Microtek Scanmaker E6 and UMAX Powerlook 1100.
- » Film Generation and Color Proofs: AGFA SelectSet 7000; Epson Stylus Pro 9000; 3M Imation Matchprint Proofing System.
- » A complete line of Heidelberg and Polly printing presses affords both small format (8.5 x 11) to large format (24 x 36), from 1 to 5 colors (brochures, covers, manuals, catalogs, pocket folders, calendars). Letterpress equipment including Miehle and Heidelberg are available for foil stamping and die cutting. Products include pocket folders, specialty cutting, embossed products.
- » A wide range of in-house bindery services, 1 - 5 hole drilling, cutting, folding, padding, die-cut folders, flat-stitch, saddle-stitch, gluing, perfect binding, GBC, Plasticoining, tabbing and loose leaf.
- » McCain Versa Binder for trimmed saddle stitching of magazines, newsletters, books, and booklets.
- » Long standing relationships with most of the top paper houses in the country.
- » Dedicated data connections via a T-1 line to all print facilities to expedite orders electronically.
- » Delivery and pickup services may be scheduled as needed. Print schedules are flexible as multiple production facilities enable dynamic production scheduling. Standard turn time is 7 workdays. Product is shipped via UPS, FedEx, and Common Carrier, as well as, our own courier service.
- » Our FTP site can be assembled as paths to seamlessly integrate our services into your procurement procedures.

### WORKFORCE & INFORMATION EXCHANGE

Within PRIDE Graphics, there are currently 30 managers and/or supervisors in three full-service print facilities and several smaller facilities. Two account managers, eleven regional sales/service representatives, and 15 in-house customer service representatives are available to serve all your print/digital/mailling needs.



**PRIDE Enterprises**  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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## PRIDE Graphics Division Key Employee Listing

### **Dave Roberts**

General Manager, PRIDE Graphics  
35 plus years of print and print management experience  
Phone: (813) 890-6608 | Email: [droberts@pride-enterprises.org](mailto:droberts@pride-enterprises.org)

### **Liam Maher**

Production Manager, PRIDE Central Florida Graphics (Box)  
26 plus years of Press Production, and Industry Manager experience  
Phone: (813) 890-6599 | Email: [lmaher@pride-enterprises.org](mailto:lmaher@pride-enterprises.org)

### **Mark Seifert**

Pre-Press Supervisor, PRIDE Central Florida Graphics  
30 plus years of Press and Pre-Press experience  
Phone: (813) 890-6601 | Email: [mseifert@pride-enterprises.org](mailto:mseifert@pride-enterprises.org)

### **Mary Ann Barfield**

Supervisor, PRIDE North Florida Graphics  
1 year Business Accounting  
5 years Administrative Management  
5 years Admin I Customer Service Printing Supervisor  
15 years Production Manager  
Phone: (813) 890-6622 | Email: [mbarfield@pride-enterprises.org](mailto:mbarfield@pride-enterprises.org)

Marie Leising & Associates, LLC  
[www.printrecruiter.com](http://www.printrecruiter.com) Ph: 866 703-4673

**Joshua W. Jordan**  
135 Dawn Court  
Lavergne, TN 37086  
Ph: 615 604-4478  
[Jordan\\_josh7@yahoo.com](mailto:Jordan_josh7@yahoo.com)

Experienced Production Manager with a strong background in the printing industry, adept at driving sales, and optimizing assortments to enhance shareholder value. Skilled in marketing with a track record of making data-driven decisions to achieve business objectives. Effective collaborator with attention to detail, project management, time management and vendor management. Excellent communication skills.

**Skills:**

- Detailed oriented and excellent organizational skills
- 20 years' experience in worldwide print production
- Proficient in Microsoft Office, Mac, Windows 11, Adobe CC
- Experience with variable data mailing and Print Shop Mail
- Strong work ethic and time management
- Excellent problem-solving skills

**Experience:**

National Federation of Independent Business – Non for Profit 501C      Nashville, TN

2017-PRESENT PRINT PRODUCTION MANAGER

Organize and coordinate all print production needs with 50 state offices, Washington DC, and Florida sales team.

Collaborate with marketing teams to develop comprehensive marketing plans leveraging various channels such as email, social media, and other outbound marketing materials to drive targeted and impactful promotional objectives. Work with marketing to gain attention from members nationally.

Work with the marketing department to bring thoughts and projects to tangible results.

Fostered cross-functional collaboration with Marketing, eCommerce, and Supply Chain teams to ensure alignment and successful execution of business strategies.

Directed creation and schedule of direct mail campaigns using postcards, newsletters, and brochures.

Analyze customer needs and translate them into deliverable solutions and enhance proposed solutions for continued profitability growth.

Assist in proposal preparation with production print specialists.

Ensure mail campaigns are printed and mailed by specific dates to arrive with members and prospective members nationwide on the required dates.

All request and new projects must be solved, completed, and meet the expectations of the NFIB employee or State Public Policy Officer.

Building software and hardware systems for continuous improvement.

L.E.A.N. manufacturing

Brand compliance and trademarks

Cost management for continued savings and efficiency; achieved over \$6-8 million per year in savings to date.

5 digital presses both toner and inkjet

VDP mail campaigns with 2D barcode matching and inserting on a custom Quadient with smart mail sorting functionality.

Yearly budget of \$102 million

20 direct reports and nationally 600 employees.

HAYNES PUBLICATIONS/ODCOMBE (SOLD AND MOVED TO MALAYSIA)  
May 2004-January 2017 Prepress Manager/Prepress Operator

In charge of prepress and all press needs.

Coordinated for the print production from the offices located in various countries and states (California, Holland, United Kingdom, and Australia).

Closely work with the designers to relay any needed changes or any foreseeable issues.

Take files and prepare them ready for digital production.

Turn files into print ready layouts.

Keep a cold set press, heat set press, and 4 color unit press supplied around the clock.

Run assorted equipment for production: 3 color digital presses, 2 black and white digital presses, Epson printers and computers, Xerox, Fuji, Image setter, Direct to plate CTP Javelin, Canon Products.

50 direct reports

Bulldog Printing SMYRNA, TN

2014 – PRESENT OWNER

Business for local non-profits, schools, government, and sports leagues. Annual operating budget of \$250,000.

Products provided but not limited to:

Business cards

Flyers

Brochures  
Letterheads  
Envelopes  
Variable data mailers  
Banners

**Education:**

2004 Emory and Henry College Emory, VA Sports Medicine/Athletic Training

2005-2008 Lipscomb University Nashville, TN Sports Medicine/Business Management

2008-2011 Middle Tennessee State University Murfreesboro TN Athletic Training/Sports Medicine

Associate's degree in Print Design/Adobe Creative Suites

**Equipment includes:**

AGFA CTP	In-Line Finishers
Baum Folders	Inkjet
Canon Large Format	Inserters
Epson Large Format	KBA
Canon Digital Equipment	Lamination
Ricoh Digital	Man Roland
Xerox Digital	MBO
HP Digital	Mimaki
Konica Digital	Muller
Case Binding	Perfect Binding
Coldset Web	Ryobi
Heat Set Web	Saddle Stitch
Color King	Solna
Digimaster	U/V
Digital Plating	Web to Print
Harris Binders	XMPie
Heidelberg	



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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## Tab “4”

# Related Experience of the Firm

**Relevant Experience****Company Name** PRIDE Enterprise

Provided are (6) references for customers for whom you have performed printing services within the past three (3) years.

**Reference 1:**

Entity Name	TC Delivers
Entity Business Type	Printing Services
Service/Product Provided-give details	Envelopes
Dates of Service	1/10/25 - 1/29/25
Project Completion Date	1/29/25
City, State	Tampa, Florida
Contact Person	Rochelle Doyle
Contact Title	Purchasing Agent
Contact Phone	904-281-2604
Contact E-mail	rochelle.doyle@tcdelivers.com

**Reference 2:**

Entity Name	Lee County Court Administration
Entity Business Type	Judicial Administration
Service/Product Provided-give details	Envelopes
Dates of Service	10/29/25 - 11/7/25
Project Completion Date	11/7/25
City, State	Fort Myers, Florida
Contact Person	Kyla Barry
Contact Title	Purchasing Agent
Contact Phone	239-533-1716
Contact E-mail	kbarry@ca.cjis.org

**Reference 3:**

Entity Name	Collier County Health Department
Entity Business Type	County Government
Service/Product Provided-give details	Brochures / Rack Cards
Dates of Service	11/7/25 - 11/18/25
Project Completion Date	11/18/25
City, State	Naples, Florida
Contact Person	Elissa Hidalgo
Contact Title	Purchasing Agent
Contact Phone	239-525-2672
Contact E-mail	elissa.hidalgo@flhealth.gov

**Reference 4:**

Entity Name	City Of Melbourne
Entity Business Type	Local Government
Service/Product Provided-give details	Flyers
Dates of Service	11/12/25 - 11/18/25
Project Completion Date	11/18/25
City, State	Melbourne, Florida
Contact Person	Lisa Good
Contact Title	Purchasing Agent
Contact Phone	321-608-7321
Contact E-mail	lisabeth.good@mlbfl.org

**Reference 5:**

Entity Name	International Solid Rock Inc.
Entity Business Type	Organization
Service/Product Provided-give details	Newsletter
Dates of Service	10/31/25 - 11/13/25
Project Completion Date	11/13/25
City, State	Royal Palm Beach, Florida
Contact Person	Chip Nelson
Contact Title	Purchasing Agent
Contact Phone	856-316-2205
Contact E-mail	chip.nelson@thesolidrock.org

**Reference 6:**

Entity Name	Aging Matters In Brevard
Entity Business Type	Local Government
Service/Product Provided-give details	Brochures / Newsletters
Dates of Service	9/25/25 - 10/9/25
Project Completion Date	10/9/25
City, State	Cocoa, Florida
Contact Person	Ken Parks
Contact Title	Purchasing Agent
Contact Phone	N/A
Contact E-mail	kparks@agingmattersbrevard.org



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## Tab "5"

# Cost Schedule

# ATTACHMENT C – COST SCHEDULE

RFQ No.: 2026-019  
 Printing Services  
 City of Lauderhill

## A. Standard Printing Items – Unit Pricing

Item Description	Size / Specifications	Unit Price (\$)
Letterhead (First Page)	8.5 x 11	\$0.0154
Letterhead (Second Page)	8.5 x 11	\$0.0154
Business Envelopes	#10	\$0.04
Business Cards	Standard	\$0.048
Forms	Various	\$0.0154
Brochures	Bi-fold / Tri-fold	\$0.0154
Postcards	Standard sizes	\$0.0364-0.0766
Manuals	8.5 x 11, 3-hole punched	\$0.0154/page
Member Handbooks	5.5 x 8.5, saddle stitched	\$0.0154/page

## B. Signage & Specialty Printing

Item	Size / Material	Unit Price (\$)
Step & Repeat	8 x 8	N/A
Signs	96 x 48	N/A
Yard Signs	Standard	\$8.00
Door Hangers	4 x 11	\$0.10/unit (500 Quantity)
Hand Cards	Various	\$0.0364 depending on size and stock
Reflective Signs	Various	N/A
Banners	Various	\$4.00/sq foot
Coroplast Signs	8 x 4	\$3.00/sq foot
Light Pole Banners	Standard	N/A
Door Stickers	Various	CFG
Magnets	Various	CFG
Custom Towels	Various	Marion CI
Cake Toppers (Coroplast)	Various	N/A

## C. Quantity Discount Schedule

Quantity Range	Discount %
100 – 499	N/A
500 – 999	N/A
1,000 – 4,999	2%
5,000 – 9,999	3%
10,000+	5%

**D. Artwork & Design Services**

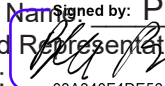
Service	Rate (\$)
Graphic Design (Hourly)	\$2.50
Layout / Formatting	\$50.00
Revisions	\$50.00

**E. Mailing & Distribution Services**

Service	Unit Price (\$)
Addressing	\$2.50/hour
Postcard Mailing	\$2.50/hour
Bulk Mailing Preparation	\$500/mailing
Door Vinyl Removal	N/A
Door Vinyl Installation	N/A

**Certification**

The undersigned certifies that the pricing submitted herein is true, accurate, and firm and shall remain in effect for the duration of the contract term, including any renewal periods.

Company Name: PRIDE Enterprises  
 Signed by: Blake Brown, President  
 Authorized Representative: Blake Brown, President  
 Signature:   
 Date: 01/12/2026



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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## Tab "6"

# Ability to Perform

### PERFORMANCE MEASURES

The work of the qualified contractors will be accessed on the terms of the RFQ using factors including but not limited to:

1. Meeting agreed upon deadlines
2. Ability to perform all agreed upon work
3. Ability to produce quality workmanship
4. Adherence to agreed upon prices

Failure to meet these or any other performance measures can result in sanctions including removal from the qualified list.

The undersigned declare to have specific and legal authorization to obligate their firm to the terms of this RFQ, and further that they have examined the RFQ, general specifications and other documents included in this RFQ request and hereby promises and agrees that, if this RFQ is accepted they will faithfully fulfill the terms of this RFQ.


Company Name: Prison Rehabilitative Industries and Diversified Enterprises, Inc. | dba: PRIDE Enterprises

Address: 2807 Remington Green Circle, Suite 216  
Tallahassee, FL 32308

Telephone: 813-890-6557 Fax: N/A Cell: N/A

Print Name: Blake Brown, President E-mail: bids@pride-enterprises.org

Federal Tax ID: 59-2167018

Signed by:  
Authorized Signature:   
03A340F4DE5646E...



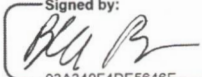
## Tab “7”

# Required Attachments

Inserted is the following completed forms and documentation:

- Attachment B Non-Collusive Affidavit
- Attachment C Cost Schedule
- Attachment D Confirmation of Drug-Free Workplace
- Attachment E Signature Page/Certification
- Attachment F List of Subcontractors
- Attachment G References
- Attachment H Acknowledgement of Addendum



Signed by:  
  
**By** \_\_\_\_\_  
(Signature of Bidder)

Blake Brown, President

Subscribed and sworn to before me this 12th day of January,  
2026

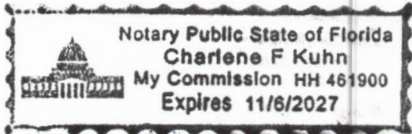


**Notary Public (Signature)**



**My Commission Expires:** 11/6/27

Be sure to complete all blanks with the appropriate information, and have the affidavit notarized before submission. Let me know if you need further assistance with any part of this!



## ATTACHMENT D

### CONFIRMATION OF DRUG-FREE WORKPLACE

---

In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibitions.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any State, for a violation occurring in the workplace no later than five (5) days after the conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

A signed copy of your **Drug-Free Workplace Policy** must be attached to this signed copy and submitted with the Bid Documents.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

**Signer's Name** (Typed or Printed): Blake Brown

**Title of Signer:** President

**Vendor's Signature:**   
Signed by: 03A340F4DE6646E...

## ATTACHMENT E SIGNATURE PAGE


The undersigned attests to his (her, their) authority to submit this Submittal and to bind the firm(s) herein named to perform as per agreement. Further, by signature, the undersigned attests to the following:

1. The Proposer is financially solvent and sufficiently experienced and competent to perform all of the work required of the Proposer in the Contract;
2. The facts stated in the Proposer's response pursuant to Request for Submittals, instructions to Proposer and Specifications are true and correct in all respects;
3. The Proposer has read and complied with, and submits their proposal agreeing to all of the requirements, terms and conditions as set forth in the Request for Proposals.
4. The Proposer warrants all materials supplied by it are delivered to the CITY of Lauderhill, Florida, free from any security interest, and other lien, and that the Proposer is a lawful owner having the right to supply the same and will defend the conveyance to the CITY of Lauderhill, Florida, against all persons claiming the whole or any part thereof.
5. **Proposer understands that if a team is short listed and selected to make oral presentations to the selection committee and/or CITY, only the team members evaluated in the written submissions may present at the oral presentations. Any changes to the team at the oral presentations will result in that team's disqualification.**
6. The undersigned certifies that if the firm is selected by the City the firm will negotiate in good faith to establish an agreement.
7. Proposer understands that all information listed above may be checked by the City of Lauderhill and Proposer authorizes all entities or persons listed above to answer all questions. Proposer hereby indemnifies the City of Lauderhill and the persons and entitles listed above and holds them harmless from any claim arising from such authorization or the exercise thereof, including the dissemination of information pursuant thereto.

Submitted on this \_\_\_\_\_ day of \_\_\_\_\_ January \_\_\_\_\_, 2026.

(If an individual, partnership, or non-incorporated organization)

*Charlene F. Kuhn*

Signed by  
  
03A340F4DE664E...

Witness  
Charlene F. Kuhn  
Printed  
Bids & Contracts Administrator  
Title  
(If a corporation, affix seal)

Company  
PRIDE Enterprises  
By  
Blake Brown, President  
Printed Name, Title  
Signed by:  
Mary Manning-Jacobs  
Company  
PRIDE Enterprises  
By  
Mary Jacobs, Customer Service Manager  
Printed Name, Title

Attested by Secretary

Incorporated under the laws of the State of FLORIDA.

CERTIFICATE

-(For Partnership)-

PRIDE Enterprises is a Not-for-profit 501(c)(3) Corporation

I HEREBY CERTIFY that a meeting of the partners of \_\_\_\_\_, a Partnership under the laws of the State of \_\_\_\_\_ held on \_\_\_\_\_, 20\_\_\_\_, the following resolution was duly passed and adopted:

"RESOLVED, that \_\_\_\_\_ as \_\_\_\_\_ of the Partnership, is hereby authorized to execute the Bid Form dated \_\_\_\_\_, 20\_\_\_\_, between the City of Lauderhill, Florida, and this Partnership, and that the execution thereof, attested by the \_\_\_\_\_ of the Partnership be the official act and deed of this Partnership."

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who  is personally known to me or who  has presented the following type of identification: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Notary seal (stamped in black ink)  
OR

Printed, typed or stamped name of Notary and Commission Number

**CERTIFICATE**  
~~(For Corporation)~~

I HEREBY CERTIFY that a meeting of the Board of Directors of \_\_\_\_\_, a corporation under the laws of the State of \_\_\_\_\_ held on \_\_\_\_\_, 20 26, the following resolution was duly passed and adopted:

"RESOLVED, that \_\_\_\_\_, as

\_\_\_\_\_ of the Corporation, is hereby authorized to execute the Bid Form dated \_\_\_\_\_, 20\_\_\_\_, between the City of Lauderdale, Florida, and this Corporation, and that the execution thereof, attested by the Secretary of the Corporation and with corporate seal affixed, shall be the official act and deed of this Corporation".

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Secretary

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who  is personally known to me or who  has presented the following type of identification: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Notary seal (stamped in black ink)  
OR  
Printed, typed or stamped name of Notary and Commission Number



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

---

# Prison Rehabilitative Industries and Diversified Enterprises, Inc.

## DBA: PRIDE Enterprises

Signing Authority



**Corporate Office**  
223 Morrison Road  
Brandon, FL 33511-4835  
813.324.8700

**BOARD OF DIRECTORS  
PRISON REHABILITATIVE INDUSTRIES  
AND DIVERSIFIED ENTERPRISES, INC.**

WHEREAS, PRIDE Enterprises prepares bids, quotes, and proposals for all applicable PRIDE industries on a daily/weekly basis; and

WHEREAS, these bids, quotes, and proposals may require the signature of a Corporate Officer who is not always available for timely submission;

NOW, THEREFORE, BE IT RESOLVED THAT the Board of Directors of Prison Rehabilitative Industries and Diversified Enterprises, Inc., d/b/a PRIDE Enterprises, hereby authorizes the PRIDE Enterprises Customer Service Manager to sign and submit bids, quotes, and proposals on behalf of the Corporation.

Chairman, Prison Rehabilitative Industries  
And Diversified Enterprises, Inc.  
Dated this 10<sup>th</sup> of December, 2020

ATTEST:

Secretary/Assistant Secretary

**IMPACT THROUGH INDUSTRY**

[www.pride-enterprises.org](http://www.pride-enterprises.org)

**ATTACHMENT F**  
**LIST OF SUBCONTRACTORS**

---

The Proposal shall list below the names and business address of each subcontractor who will perform work under this Proposal in excess of one-half of one percent of the Contractor's Total Proposal Price, and shall also list the portion of the Work that will be done by such subcontractor. The listing of more than one subcontractor for each item of work to be performed with the words "and/or" will not be permitted. Failure to comply with this requirement will render the Proposal as non-responsive and may cause its rejection.

---

<b>Work to Be Performed</b>	<b>% Total Contract</b>	<b>Contractor License No. (if applicable)</b>	<b>Subcontractor Name/Address</b>
-----------------------------	-------------------------	---	-----------------------------------

PRIDE Enterprises is a Not-for-profit 501(c)(3) Corporation and will not be utilizing subcontractors for this solicitation.

---

*Please ensure to list the specific work to be performed, the percentage of the total contract the subcontractor will complete, the contractor's license number (if applicable), and the subcontractor's name and address as requested.*

**ATTACHMENT G**

**REFERENCES**

Please list a minimum of five (5) government agencies, with whom you have done business during the last five years, as well as the types of advertising service provided. (Please use additional sheets if you wish to provide additional references).

---

<b>Agency/Firm Name</b>	<b>Contact Name</b>	<b>Address, City, St., Zip</b>	<b>Phone/Fax Email</b>	<b>Services Provided</b>
-------------------------	---------------------	--------------------------------	------------------------	--------------------------

See Attached

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*Please ensure all requested information is filled out for each reference, providing a complete and accurate listing of your past clients.*

**Relevant Experience**

**Company Name** PRIDE Enterprise

Provided are (6) references for customers for whom you have performed printing services within the past three (3) years.

**Reference 1:**

Entity Name	TC Delivers
Entity Business Type	Printing Services
Service/Product Provided-give details	Envelopes
Dates of Service	1/10/25 - 1/29/25
Project Completion Date	1/29/25
City, State	Tampa, Florida
Contact Person	Rochelle Doyle
Contact Title	Purchasing Agent
Contact Phone	904-281-2604
Contact E-mail	rochelle.doyle@tcdelivers.com

**Reference 2:**

Entity Name	Lee County Court Administration
Entity Business Type	Judicial Administration
Service/Product Provided-give details	Envelopes
Dates of Service	10/29/25 - 11/7/25
Project Completion Date	11/7/25
City, State	Fort Myers, Florida
Contact Person	Kyla Barry
Contact Title	Purchasing Agent
Contact Phone	239-533-1716
Contact E-mail	kbarry@ca.cjis.org

**Reference 3:**

Entity Name	Collier County Health Department
Entity Business Type	County Government
Service/Product Provided-give details	Brochures / Rack Cards
Dates of Service	11/7/25 - 11/18/25
Project Completion Date	11/18/25
City, State	Naples, Florida
Contact Person	Elissa Hidalgo
Contact Title	Purchasing Agent
Contact Phone	239-525-2672
Contact E-mail	elissa.hidalgo@flhealth.gov

**Reference 4:**

Entity Name	City Of Melbourne
Entity Business Type	Local Government
Service/Product Provided-give details	Flyers
Dates of Service	11/12/25 - 11/18/25
Project Completion Date	11/18/25
City, State	Melbourne, Florida
Contact Person	Lisa Good
Contact Title	Purchasing Agent
Contact Phone	321-608-7321
Contact E-mail	lisabeth.good@mlbfl.org

**Reference 5:**

Entity Name	International Solid Rock Inc.
Entity Business Type	Organization
Service/Product Provided-give details	Newsletter
Dates of Service	10/31/25 - 11/13/25
Project Completion Date	11/13/25
City, State	Royal Palm Beach, Florida
Contact Person	Chip Nelson
Contact Title	Purchasing Agent
Contact Phone	856-316-2205
Contact E-mail	chip.nelson@thesolidrock.org

**Reference 6:**

Entity Name	Aging Matters In Brevard
Entity Business Type	Local Government
Service/Product Provided-give details	Brochures / Newsletters
Dates of Service	9/25/25 - 10/9/25
Project Completion Date	10/9/25
City, State	Cocoa, Florida
Contact Person	Ken Parks
Contact Title	Purchasing Agent
Contact Phone	N/A
Contact E-mail	kparks@agingmattersbrevard.org

**ATTACHMENT H**

**ACKNOWLEDGEMENT OF ADDENDUM**

---

**RFQ** 2026-019  
**TITLE** Printing Services

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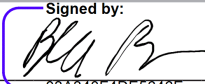
Acknowledgement is hereby made of the following Addenda received since issuance of Specifications:

- Addendum No. N/A - Dated \_\_\_\_\_
  - Addendum No. \_\_\_\_\_ - Dated \_\_\_\_\_
  - Addendum No. \_\_\_\_\_ - Dated \_\_\_\_\_
- 

**Name of Vendor's Service Contact:** Mary Jacobs, Customer Service Manager  
**Address:**

2807 Remington Green Circle, Suite 216  
Tallahassee, FL 32308

---

**Signature** Signed by:  
  
03A340F4DE5646E... Date 01/12/2026  
Blake Brown, President

---


*This page must be submitted with the RFQ. Failure to provide the requested documents may result in your proposal being deemed Non-Responsive.*

### Affidavit of Compliance with Anti-Human Trafficking Laws

Pursuant to Section 787.06(13) of the Florida Statutes, the undersigned, on behalf of Entity, hereby affirms under penalty of perjury the following:

1. Entity does not engage in the use of coercion for labor or services as defined in Section 787.06, Florida Statutes, relating to "Human Trafficking."
2. The undersigned is duly authorized to execute this affidavit on behalf of the Entity, and affirms that the statements made herein are true and correct under penalty of perjury.

Dated this \_\_\_\_\_ day of January, 20 26

Signed by:   
Signed: \_\_\_\_\_  
Name: Blake Brown  
Title: President  
Entity: PRIDE Enterprises



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

---

# Attachment “I”

## Additional Documents



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

## **Prison Rehabilitative Industries and Diversified Enterprises, Inc.**

**DBA: PRIDE Enterprises**

### CONTENTS

PRIDE Enterprises' Company Profile

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E-Verify Information

Tax Determination & Receipt

SunBiz Report



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

---

# Prison Rehabilitative Industries and Diversified Enterprises, Inc.

**DBA: PRIDE Enterprises**

PRIDE Enterprises' Company Profile

---

**IMPACT THROUGH INDUSTRY**

[www.pride-enterprises.org](http://www.pride-enterprises.org)



PRIDE Enterprises  
 PO Box 4480  
 Brandon, FL 33509  
 813-890-6557

## COMPANY PROFILE - PRIDE Enterprises

<b>BUSINESS NAME:</b>	Prison Rehabilitative Industries and Diversified Enterprises, Inc. DBA: PRIDE Enterprises
<b>CORPORATE OFFICE:</b>	2807 Remington Green Circle, Suite 216 Tallahassee, FL 32308
<b>BUSINESS DESIGNATION:</b>	Not-for-profit Corporation, Section 501(c)(3)
<b>BUSINESS ESTABLISHED:</b>	December 1981
<b>FEIN (TIN #):</b>	59-2167018
<b>DUNS:</b>	07-694-9346 (4A1 CREDIT RATING)
<b>SALES TAX EXEMPTION #:</b>	85-8014921980C-3
<b>STATE OF FLORIDA DMS CONTRACT #:</b>	94131608-16P
<b>System for Award Management (SAM)</b>	PDR8KF5NJZF7

Prison Rehabilitative Industries and Diversified Enterprises, Inc., doing business as PRIDE Enterprises, is a nationally recognized inmate training company operating general manufacturing and services facilities throughout the state of Florida. PRIDE offers more than 400 vocational training courses through its 37 diverse inmate work programs, which are located in 17 Florida correctional facilities. A private, not-for-profit corporation founded in 1981, PRIDE has experience and expertise working in correctional environments. In addition to vocational work programs that teach job skills and successful job behaviors to inmate workers, PRIDE's inmate transition services include employability skills training, job placement, and other basic support services that prepare and assist ex-offenders in their successful reintegration into society.

PRIDE is the statutorily designated corporation charged with the operation of Florida's prison industries. Headquartered in Brandon, Florida, PRIDE has approximately 205 staff members and trains over 3,500 inmates annually. PRIDE has received national and international attention as a model for public/private partnerships, especially regarding the privatization of government functions.

More than 3,000 unique products and services are produced and delivered by PRIDE's 35 work programs. These industries service a wide range of markets to include Agriculture, Graphics, Sewn Products, General Manufacturing, and Services. PRIDE provides a diverse array of solutions that fit your business needs, including office and detention furniture, offset and screen printing, corrugated products, document conversion, indoor and outdoor signage, bedding supplies, specialty clothing, and footwear. There is also an optical lab, a dental lab, tire retread services, heavy vehicle repair, paint for roadways and much more.



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

**PURCHASE ORDERS &  
INVOICE REQUEST**

9544 County Road 476B, Bushnell, FL 33513  
Phone: (813) 890-6557  
Email: [customerservice@pride-enterprises.org](mailto:customerservice@pride-enterprises.org)  
**Mary Jacobs – Customer Service Manager**

**CORPORATE  
ADDRESS (Mailing)**

PRIDE Enterprises  
P.O. Box 4480  
Brandon, FL 33509  
Phone: (813) 324-8700  
Website: [www.pride-enterprises.org](http://www.pride-enterprises.org)

**CORPORATE  
ADDRESS (Physical)**

PRIDE Enterprises  
2807 Remington Green Circle, Suite 216  
Tallahassee, FL 32308  
Phone: (813) 324-8700  
Website: [www.pride-enterprises.org](http://www.pride-enterprises.org)

**REMITTAL ADDRESS  
(Payments)**

P. O. Box 917362  
Orlando, FL 32891-7362  
Phone: (813) 324-8722  
Email: [acctsreceivable@pride-enterprises.org](mailto:acctsreceivable@pride-enterprises.org)  
**Nickie Kingdon – Manager, Accounting**

**BIDS &  
CONTRACTS**

9544 County Road 476B, Bushnell, FL 33513  
Phone: (813) 890-6557  
Email: [bids@pride-enterprises.org](mailto:bids@pride-enterprises.org)  
**Mary Jacobs – Customer Service Manager**



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

## CONTACT Phone and e-Mail Addresses

**Customer Service:** (813) 890-6557; [customerservice@pride-enterprises.org](mailto:customerservice@pride-enterprises.org)

**Bids & Contracts:** (813) 890-6557; [bids@pride-enterprises.org](mailto:bids@pride-enterprises.org)

**Purchase Orders:** (813) 890-6557; [customerservice@pride-enterprises.org](mailto:customerservice@pride-enterprises.org)

**Invoice Request:** (813) 890-6557; [customerservice@pride-enterprises.org](mailto:customerservice@pride-enterprises.org)

On behalf of Prison Rehabilitative Industries and Diversified Enterprises, Inc. dba PRIDE Enterprises, I hereby certify that the above and foregoing information is true and accurate to the best of my belief and knowledge.

We certainly appreciate your business and if there are any questions, concerns, or additional information needed, please do not hesitate in contacting me.

***Mary Jacobs***

Customer Service Manager

PRIDE Enterprises

9544 County Road 476B, Bushnell, FL 33513

CS: (813) 890-6557 | Direct: (352) 266-9666

CS: [customerservice@pride-enterprises.org](mailto:customerservice@pride-enterprises.org)

Bid & Contracts: [bids@pride-enterprises.org](mailto:bids@pride-enterprises.org)





**PRIDE Enterprises**  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

---

# **Prison Rehabilitative Industries and Diversified Enterprises, Inc.**

## **DBA: PRIDE Enterprises**

Florida Corporation Certification

# *State of Florida*

## *Department of State*

I certify from the records of this office that PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED ENTERPRISES, INC. is a corporation organized under the laws of the State of Florida, filed on December 14, 1981.

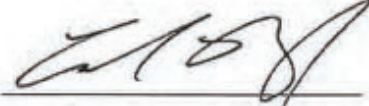
The document number of this corporation is 761105.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on February 2, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Second day of February, 2025*



  
*Secretary of State*

Tracking Number: 9957074969CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



**PRIDE Enterprises**  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

---

# **Prison Rehabilitative Industries and Diversified Enterprises, Inc.**

## **DBA: PRIDE Enterprises**

Current W-9

Form **W-9**  
(Rev. March 2024)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Prison Rehabilitative Industries&amp; Diversified Enterprises, Inc.</b>	
	<b>PRIDE Enterprises</b>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions)    Nonprofit corporation exempt under IRS Code Section 501(c)(3)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
<b>2807 Remington Green Circle #216</b> <b>Tallahassee, FL 32308</b>	Requester's name and address (optional)	
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
5	9				2	1	6	7	0
								1	8

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <i>Petar J Radanovich</i>	Date <b>11/6/2025</b>
------------------	--	-----------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

---

# **Prison Rehabilitative Industries and Diversified Enterprises, Inc.**

## **DBA: PRIDE Enterprises**

Insurance Coverage Information



To: TO WHOM IT MAY CONCERN  
FROM: Peter Radanovich, Chief Financial Officer  
SUBJECT: INSURANCE COVERAGE  
DATE: JULY 1, 2025

Prison Rehabilitative Industries and Diversified Enterprises, Inc., d/b/a PRIDE Enterprises (PRIDE) was incorporated December 14, 1981 as a state sponsored, not-for-profit corporation acting as an instrumentality of the State of Florida pursuant to the provision of 946.501 through 946.525 Florida Statutes.

Pursuant to 946.510, the Florida Statutes, and pursuant to the applicable provisions of Chapter 284 the division of Risk Management of the Florida Department of Financial Services is authorized to insure PRIDE under the same general terms and conditions as the Department of Corrections (DC) was insured by the Division prior to PRIDE leasing the correctional work programs authorized under Chapter 946, Florida Statutes from the DC. Such an arrangement of insurance coverage does not allow for additional named insureds of loss payees and a certificate of insurance naming such is not available by Florida law. Pursuant to this statutory authorization, PRIDE has been provided the following coverage by the Division of Risk Management:

1. Fleet Automobile Liability Coverage: This coverage protects PRIDE from liability resulting from injury caused to the person or property of another through the negligent or wrongful operation of an automobile or other vehicle owned, operated or leased by PRIDE. Coverage is limited to two hundred thousand dollars (\$200,000) for each person with a maximum of three hundred thousand dollars (\$300,000) for each occurrence. Personal injury protection is provided at the rate of ten thousand dollars (\$10,000) for each person, with a maximum of ten thousand dollars (\$10,000) for each occurrence.
2. General Liability: PRIDE is covered through the Division of Risk Management for the liability resulting from injury caused to a third party or property from the negligent or wrongful act of an employee of PRIDE while operating in the scope of employment. This liability coverage is limited to two hundred thousand dollars (\$200,000) per person, and up to three hundred thousand dollars (\$300,000) maximum for each occurrence.

TO WHOM IT MAY CONCERN

July 1, 2025

Page 2

3. Federal Civil Rights Liability: PRIDE has received coverage for complaints made against PRIDE and /or its employees for violations of a person's civil rights under Section 42 U.S.C.>1983. This coverage provides unlimited coverage for each person and unlimited coverage for each occurrence.
4. State Employee Workers' Compensation and Employer's Liability: PRIDE is entitled to workers' compensation coverage as set forth in the Workers' Compensation Law and to employer's legal liability coverage which PRIDE may become liable to pay as damages because of bodily injury by accident or disease including death, which are sustained by an employee and arise out of and in the course of employment with PRIDE. Compensation coverage is provided to comply with the employer's liability and is provided up to two hundred thousand (\$200,000) each person and up to three hundred thousand dollars (\$300,000) each occurrence.
5. Court Awarded Attorney's Fees: PRIDE has coverage for court awarded attorney's fees provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes, and any rules promulgated thereunder.

**Indemnification.** Prison Rehabilitative Industries and Diversified Enterprises, Inc. d/b/a PRIDE Enterprises (PRIDE) is an instrumentality of the State of Florida, and as such has sovereign immunity under Florida law. PRIDE, as a sovereign immune entity, and without waiving the limits of sovereign immunity, as set out in Section 768.28, Florida Statutes, agrees to indemnify and hold harmless another entity which possesses sovereign immunity under Florida law within the limits provided by Section 768.28(19), Florida Statutes, from and against any and all claims and liabilities for injury or death of persons or damage to any property which may result, in whole or in part, from any act or omission on the part of the PRIDE, its agents, employees, or representatives.





**DEPARTMENT OF FINANCIAL SERVICES**  
***Division of Risk Management***

**STATE RISK MANAGEMENT**  
**TRUST FUND**  
**AUTOMOBILE LIABILITY**  
**CERTIFICATE OF COVERAGE**

Policy Number: AL-5900 Automobile Liability  
Certificate of Coverage

Name Insured: Pride Enterprises

Automobile Liability Coverage provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes, the Florida Vehicle No-Fault Law, and any rules promulgated thereunder.

Coverage Limits:

General Liability: \$200,000.00 each person  
\$300,000.00 each occurrence

Personal Injury: \$10,000.00 each person  
\$10,000.00 each occurrence

Inception Date: July 1, 2025

Expiration Date: July 1, 2026

*Petar J Radanovich*  
CHIEF FINANCIAL OFFICER



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Risk Management*

**STATE RISK MANAGEMENT TRUST FUND  
FEDERAL CIVIL RIGHTS LIABILITY AND EMPLOYMENT DISCRIMINATION  
CERTIFICATE OF COVERAGE**

Policy Number: FC-5900

Federal Civil Rights Liability and  
Employment Discrimination  
Certificate of Coverage

Name Insured: Pride Enterprises

Federal Civil Rights Liability Coverage provided pursuant to Chapter 284, Part II,  
Section 768.28, Florida Statutes, and any rules promulgated thereunder.

Federal Civil Rights:

Liability: Unlimited each person  
Unlimited each occurrence

Inception Date: July 1, 2025

Expiration Date: July 1, 2026

*Petar J Radanovich*  
CHIEF FINANCIAL OFFICER



**DEPARTMENT OF FINANCIAL SERVICES**  
***Division of Risk Management***

**STATE RISK MANAGEMENT**  
**TRUST FUND**

Policy Number: WC-5900

State Employee Workers' Compensation  
and Employer's Liability Certificate of  
Coverage

Name Insured: Pride Enterprises

Coverage Limits:

Coverage A - Compensation coverage is provided to comply with the applicable State Workers' Compensation, Occupational Disease Laws and any rule promulgated thereunder.

Coverage B      \$200,000.00 each person  
                      \$300,000.00 each occurrence

Inception Date:      July 1, 2025

Expiration Date:     July 1, 2026

*Petar J Radanovich*  
CHIEF FINANCIAL OFFICER



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services, LLC 2502 N Rocky Point Drive Suite 400 Tampa, FL 33607	CONTACT NAME: <b>Brittany Boucher</b>
	PHONE (A/C, No, Ext): <b>813 321-7500</b> FAX (A/C, No): <b>813 321-7525</b> E-MAIL ADDRESS: <b>brittany.boucher@usi.com</b>
<b>INSURED</b> Prison Rehabilitative Industries & Diversified Enterprises, Inc. PO Box 4480 Brandon, FL 33509	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>Hartford Fire Insurance Company</b> <b>19682</b>
	INSURER B : <b>Twin City Fire Insurance Company</b> <b>29459</b>
	INSURER C :
	INSURER D :
	INSURER E :

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			21CESOF0A84	08/31/2025	08/31/2026	EACH OCCURRENCE      \$1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$300,000	
							MED EXP (Any one person)      \$10,000	
							PERSONAL & ADV INJURY      \$1,000,000	
							GENERAL AGGREGATE      \$2,000,000	
							PRODUCTS - COMP/OP AGG      \$2,000,000	
							\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$	
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			21XSON00WV	08/31/2025	08/31/2026	EACH OCCURRENCE      \$2,000,000	
							AGGREGATE      \$2,000,000	
							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X	21CESOF0A84	08/31/2025	08/31/2026	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
								E.L. EACH ACCIDENT      \$1,000,000
								E.L. DISEASE - EA EMPLOYEE      \$1,000,000
								E.L. DISEASE - POLICY LIMIT      \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> PRIDE Enterprises P O Box 4480 Brandon, FL 33509-4480	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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Prison Rehabilitative Industries and Diversified Enterprises, Inc. (PRIDE) is an instrumentality of the State of Florida, governed by Part II, Chapter 946, Florida Statutes. PRIDE is insured by the Division of Risk Management, Department of Financial Services. See § 946.510, F.S.

PRIDE is a sovereign immune entity subject to the provisions of Section 768.28, Florida Statutes. See: § 946.5026, F.S. As such, regarding indemnification, PRIDE may agree as follows:

**Indemnification.** Prison Rehabilitative Industries and Diversified Enterprises, Inc. d/b/a PRIDE Enterprises (PRIDE) is an instrumentality of the State of Florida, and as such has sovereign immunity under Florida law. PRIDE, as a sovereign immune entity, and without waiving the limits of sovereign immunity, as set out in Section 768.28, Florida Statutes, agrees to indemnify and hold harmless another entity which possesses sovereign immunity under Florida law within the limits provided by Section 768.28(19), Florida Statutes, from and against any and all claims and liabilities for injury or death of persons or damage to any property which may result, in whole or in part, from any act or omission on the part of PRIDE, its agents, employees, or representatives.



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

---

# Prison Rehabilitative Industries and Diversified Enterprises, Inc.

## DBA: PRIDE Enterprises

Drug-Free Workplace Policy

---

**Policy Number:**  
**206**

**PRIDE ENTERPRISES**  
**PERSONNEL POLICY LETTER**

**Effective Date:**  
**6/1/2006**

**Prepared By:**  
**Human Resources**

**Page Number:**  
**1**

---

**SUBJECT: DRUG, NARCOTIC, AND ALCOHOL FREE WORKPLACE**

---

**SCOPE: All Employees**

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**STATEMENT:** The Company strives to maintain a safe and healthy work environment for its employees. In keeping with its efforts, the Company prohibits the use, sale, dispensing, possession, or manufacturing of illegal drugs and narcotics or alcoholic beverages on its premises. This prohibition also covers all legal or prescription drugs that impair an employee's ability to perform his/her job safely or properly.

**POLICY:** The Company is dependent upon the physical and psychological health of its employees to maintain a safe and efficient work environment for its employees. Illegal drug activity and drug or alcohol abuse of any kind on the part of an employee seriously jeopardizes the safety and well being of all employees. Therefore,

1. Employees are expected to comply with the standards set forth in this policy and all requirements outlined in the Department of Corrections Rules, Chapter 33-208.
2. The use of illegal drugs and narcotics or alcohol while on the job may adversely affect an employee's performance, jeopardize the safety of other employees, the reliability of the Company's operations and will result in disciplinary action up to and including termination of employment.
3. Selling or dispensing of illegal drugs, narcotics, controlled substances, or alcoholic beverages while on the job or on company premises is strictly prohibited and will result in immediate termination of employment.
4. Possession of illegal drugs and narcotics or alcoholic beverages while on the job or on company premises is prohibited and will result in disciplinary action up to and including termination of employment.
5. Any employee who pleads "nolo contendere" (no contest) or is placed on probation, or is convicted or found to be involved in off-the-job illegal drug activity will be considered in violation of this policy and subject to immediate termination of employment.

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**Approved By: President, PRIDE Enterprises**

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<b>206</b>	<b>DRUG, NARCOTIC AND ALCOHOL FREE WORKPLACE</b>	<b>2</b>

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6. No employee shall report for duty or exercise supervision or control over any person while under the influence of a narcotic, barbiturate, hallucinogenic drug, central nervous system stimulant or an intoxicant. However, in the event any of the foregoing drugs is prescribed and administered to an employee, the employee shall report this information to the Department of Corrections (DC) Officer-in-Charge or DC District Supervisor and provide the individual with a prescription receipt detailing the type of medication, dosage and possible side effects. The employee must also provide his/her immediate supervisor a physician's statement indicating the necessity of the medication.
  7. Employees are not allowed to carry intoxicants, narcotics, barbiturates, hallucinogenic drugs or central nervous system stimulants on to the institutional property or company premises. Institutional property includes parking lots.
  8. Any employee reporting to work in a condition which gives rise to his/her supervisor's reasonably suspecting his/her use of drugs or alcohol, may be required to submit to a drug/alcohol screening, and if the test reveals that the employee has such substance in his/her system, the employee will be subject to disciplinary action up to and including termination of employment.
  9. An employee may be tested if he/she is involved in a work-related accident causing injury to himself/herself or another employee that result in a lost-time incident or requires outside medical treatment.
  10. ***Non-prescription medications and over-the-counter drugs:***
    - a. Since each individual institution has its own interpretation of what is considered contraband, employees should query their institutional training staff on specific procedures for that location.
    - b. Unless otherwise told by the institution, those employees who use over-the-counter medications such as aspirin, Tylenol, allergy medications, etc., should only take what can be consumed for that workday. Additionally, these medications should be carried in their original packaging, so that they may be readily identifiable by company and/or Department of Corrections' supervisory staff.
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**POLICY GUIDELINES:**

1. **Searches.**

- a. If there is reasonable suspicion that an employee has violated this policy, searches will be conducted to insure the work environment is free from illegal drugs and narcotics or alcohol. The searches at the workplace will include, but not be limited to, lockers, related personal areas and/or personal and company vehicles on company and/or Department of Corrections' premises.
- b. All illegal substances confiscated will be turned over to appropriate officials.

2. **Drug/Alcohol Screening.** Drug/Alcohol screens will be administered only by qualified personnel or qualified substance abuse clinics or laboratories.

- a. **Applicants:** Drug/Alcohol screening will be a requirement for all selected prospective company employees. Any individual who refuses testing for drugs, controlled substances and/or alcohol will be advised that the offer of employment that he/she received will be withdrawn in accordance with company policy. Offers of employment will be withdrawn should the results of the drug screen prove positive.
  - b. **Suspicion:** Drug/Alcohol screening will be required if there is reasonable suspicion of a violation to this company policy. Evaluation of the incident and consequent approval and scheduling of screening will be made by the Human Resources Department. Consent to testing for suspected violations of this policy is required as a condition of continued employment. Refusal to participate in drug/alcohol screening will be considered insubordination and grounds for immediate termination of employment.
  - c. **Random Drug Testing:** The Company must comply with current Federal Highway Regulations which require that all truck drivers (including other employees who are required to drive a truck on an as needed basis) participate in a Random Drug Testing Program. Refusal to participate in the random drug-testing program will result in immediate disciplinary action up to and including termination of employment. See Addendum 1 to this policy for detailed information concerning the Random Drug Testing Program for Truck Drivers.
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3. **Policy Definitions:**

- a. **Controlled Substances** means any controlled substance, dangerous drug or intoxicating compound as defined under any federal or state law and includes, but is not limited to, narcotics, opiates, hallucinogens, stimulants, depressants and marijuana.
- b. **Illegal Drug or Illegal Controlled Substances** means any drug or controlled substance that is not legally obtainable under any applicable federal or state law or requires a physician's prescription for use.

4. **Employee Assistance Program (EAP):** Whenever possible, the Company will promote, encourage and support rehabilitation of employees who have drug, narcotic or alcohol abuse problems. An employee's decision to voluntarily seek assistance under the Employee's Assistance Program will not be used as the basis for corrective action nor will it be used against the employee. On the other hand, voluntary use of the Employee Assistance Program will not be a defense to the imposition of corrective action when facts proving a violation of this policy are otherwise obtained or developed.

- a. Employees who recognize the need for professional assistance will be encouraged to contact Human Resources, who will refer the employee to the appropriate outside agency for assistance.
  - b. Employees may be granted a leave of absence, if necessary, to undertake treatment. This type of leave of absence may be taken either without pay or an employee may use available "paid time off" (PTO) hours.
  - c. Employees enrolled in the Company's Medical Benefits Plan will be afforded financial assistance for the treatment of alcoholism and/or drug abuse. Refer to the "Your Group Benefit Plan" booklet, for information.
  - d. Employees participating in the Employee Assistance Program must provide their immediate supervisor and Human Resources with:
    - (1) Satisfactory proof of enrollment in an approved rehabilitative program.
    - (2) Proof, as requested, of continued participation in an approved rehabilitative program.
    - (3) Written documentation indicating completion of approved rehabilitative program.
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- e. Failure to cooperate with an agreed-upon treatment plan may result in disciplinary action up to and including termination of employment.
  - f. Employees who have completed an approved rehabilitative program will be subject to drug testing at any time during the 12 months following completion of the program solely at the company's discretion.
5. **Disciplinary Action.** Compliance with this policy is required as a condition of continued employment. Any violation of this policy will result in corrective action, up to and including immediate termination.

**Any exceptions or special considerations to this policy will be considered on an individual basis and must be approved by the President, PRIDE Enterprises.**

**This policy supersedes Policy #206 "Drug, Narcotic and Alcohol Free Workplace" dated July 1, 2001.**

**Attachment: Random Drug Testing Addendum**

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PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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# Prison Rehabilitative Industries and Diversified Enterprises, Inc.

## DBA: PRIDE Enterprises

Warranty Information



PRIDE Enterprises offers a Limited Warranty on its Graphics products to be free from defects in material and workmanship for a period of: thirty (30) days. PRIDE's liability under its Limited Warranty is limited to the purchase price of the defective product as evidenced by the invoice. PRIDE will replace or repair the product, in lieu of refunding the purchase price at PRIDE's option. The limited warranty extends only to the original consumer and is non-transferable.

**The limited warranty excludes:**

- Transportation costs or customer labor costs associated with repair of warranty claims;
- Damage due to normal wear and tear (includes color fade over time);
- Damage due to improper maintenance, abuse, fire, accidents, negligent acts or omissions of the purchaser or its agents or employees or acts of third parties;
- Shipping damage (covered separately);
- Modifications, repairs, or part replacements other than those authorized by PRIDE;
- Any costs or damages for down time caused by loss of product or otherwise, or any other incidental or consequential damage incurred at any time;
- Natural variations in color, grain, or texture (includes repairs and replacements);
- Customer Owned Material (COM);

**Limitations involving particular materials and components:**

- Certain products may be excluded from the applicable Limited Warranty as indicated at the point of sale.

Warranty claims must be filed within the warranty period and must include a copy of the invoice or the sales order.

PRIDE Enterprises neither assumes nor authorizes anyone to assume for it any other obligation or liability in connection with its Graphics Products. **THIS WARRANTY IS THE ONLY WARRANTY APPLICABLE TO PRIDE GRAPHICS PRODUCTS MANUFACTURED BY PRIDE ENTERPRISES AND IS EXPRESSLY IN LIEU OF ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.**



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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# Prison Rehabilitative Industries and Diversified Enterprises, Inc.

**DBA: PRIDE Enterprises**

E-Verify Information



Employment Eligibility Verification



Welcome  
Robert Wignall

User ID  
RWIG1197

Last Login  
11:18 AM - 02/27/2013  
Log Out

Click any for help

- Home
- My Cases
  - New Case
  - View Cases
  - Search Cases
- My Profile
  - Edit Profile
  - Change Password
  - Change Security Questions
- My Company
  - Edit Company Profile
  - Add New User
  - View Existing Users
  - Close Company Account
- My Reports
  - View Reports
- My Resources
  - View Essential Resources
  - Take Tutorial
  - View User Manual
  - Contact Us

### Company Information

Company Name: PRIDE Enterprises [View / Edit](#)

Company ID Number: 60692

Doing Business As (DBA) Name:

DUNS Number:

#### Physical Location:

Address 1: 223 Morrison Road

Address 2:

City: Brandon

State: FL

Zip Code: 33511

County: HILLSBOROUGH

#### Mailing Address:

Address 1:

Address 2:

City:

State:

Zip Code:

#### Additional Information:

Employer Identification Number: 592167018

Total Number of Employees: 100 to 499

Parent Organization:

Administrator:

Organization Designation:

Employer Category:

NAICS Code: 339 - MISCELLANEOUS MANUFACTURING [View / Edit](#)

Total Hiring Sites: 1 [View / Edit](#)

Total Points of Contact: 1 [View / Edit](#)

[View MOU](#)



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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# **Prison Rehabilitative Industries and Diversified Enterprises, Inc.**

## **DBA: PRIDE Enterprises**

### Tax Determination & Receipt

**PRIDE Enterprises is a quasi-governmental entity and a 501 (c) (3) not-for-profit Corporation. As such, PRIDE Enterprises is exempt from state sales tax and local business tax. See the attached letter from Hillsborough County Tax Collector determining that PRIDE meets the criteria for exemption from the County business tax.**



Doug Belden, Tax Collector

October 6, 2015

Pride Enterprises Inc  
223 Morrison Rd  
Brandon FL 33511

Re: Business Tax Exemption

Dear Mr. Randanovich;

Per your phone request, we are writing this letter pertaining to an inquiry regarding your business and the requirements to obtain a Business Tax Receipt in Hillsborough County.

Please be advised, your business meets the criteria for an exemption from a Business Tax Receipt for Hillsborough County per Hillsborough County Ordinance No. 95-4 S16.01 (2) which states "Occupational license requirements shall be waived upon application by any charitable, religious, fraternal, youth, civic, service, or non-profit organization to the tax collector."

Should you need further assistance in this matter, please contact our office at (813) 635-5200.

Sincerely,

DOUG BELDEN  
TAX COLLECTOR

A handwritten signature in cursive script that reads "Dana L. Dove".

By  
Dana L. Dove, CFCA  
Branch Manager of Processing Operations

DLD/ERR

Internal Revenue Service  
Director, Exempt Organizations  
Rulings and Agreements

Department of the Treasury  
P.O. Box 2508  
Cincinnati, Ohio 45201

Date:

**JUL 28 2006**

Prison Rehabilitative Industries and  
Diversified Enterprises Inc  
12425 28<sup>th</sup> St N, 3<sup>rd</sup> Floor  
St. Petersburg, FL 33716

Person to Contact - ID#: Gregory-Scott Pajda 31-08462  
Contact Telephone Numbers:  
877-829-5500 Phone  
513-263-3756 Fax  
Federal Identification Number:  
59-2167018

Dear Sir or Madam:

This letter is to confirm that our records indicate that your organization is exempt under section 501(c)(3) of the Code as an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code.

We have determined that your organization is not required to file a Form 990 because your organization is classified as an affiliate of a governmental unit under section 1.6033-2(g)(6) of the Income Tax Regulations, within the meaning of section 4.

Please let us know about any future changes in the character, purposes, method of operation, name or address of your organization. This is a requirement for retaining your exempt status. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Thank you for your cooperation.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements



PRIDE Enterprises  
PO Box 4480  
Brandon FL.33509  
813.324.8700

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# **Prison Rehabilitative Industries and Diversified Enterprises, Inc.**

**DBA: PRIDE Enterprises**

## **SunBiz Report**

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 03, 2025  
Secretary of State  
7255166849CC**

DOCUMENT# 761105

**Entity Name:** PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED ENTERPRISES, INC.

**Current Principal Place of Business:**

2807 REMINGTON GREE CIRCLE, STE 216  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

P.O. BOX 4480  
BRANDON, FL 33509 US

**FEI Number: 59-2167018**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BREWTON, WILBUR E  
2807 REMINGTON GREEN CIRCLE  
SUITE 215  
TALLAHASSEE, FL 32308 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name UPCHURCH, JAMES  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name BAIARDI, JAMES  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title VC, DIRECTOR  
Name GAREY, ALAN  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT  
Name BROWN, BLAKE  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title CFO  
Name RADANOVICH, PETAR J  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER, DIRECTOR  
Name BANKS, KIMBERLY  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name CLEMMONS, MARVIN "WALKER"  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name COLLURA, PH.D, GINO  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BLAKE BROWN**

**PRESIDENT**

**12/03/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, MEMBER-AT-LARGE  
Name GODWIN, COREY  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY, DIRECTOR  
Name STUTLER, JR., DENVER  
Address 2807 REMINGTON GREE CIRCLE, STE 216  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name KILCREASE, DAVID  
Address 2807 REMINGTON GREE CIRCLE, STE  
216  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name DIXON, RICKY  
Address 2807 REMINGTON GREE CIRCLE, STE  
216  
City-State-Zip: TALLAHASSEE FL 32308



PRIDE Enterprises  
PO Box 4480  
Brandon, FL 33509  
813-890-6557

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# Attachment “J”

## Legal Summary

## ADDENDUM - Legal Summary

**PRIDE Enterprises has had no claims, administrative proceedings or Court proceedings involving its Customers or vendors in the past 5 years. The following are the court proceedings for the past 5 years:**

**Tracy Dees v. PRIDE**

**Case number:**

Wrongful termination alleged

Pending

**Robert Atteberry v. PRIDE and Division of Risk Management, State of Florida**

**Case number: 63-2024-CA-0110**

Personal injury case involving a vehicle hitting a cow allegedly own by PRIDE Enterprises

Pending

**Robert Walker v. DMS & PRIDE and Division of Risk Management, State of Florida**

**Case number: 2022 CA 000592**

Personal injury case involving an automobile accident between a PRIDE employee and a third party

Case Closed resolved within the limits of sovereign immunity

**Estate of Tonie Rose Clemente v. PRIDE and Division of Risk Management, State of Florida**

**Case number: 2023 CA 4192**

Wrongful death claim alleging a collision with a PRIDE Truck and third party

Case Closed resolved within the limits of sovereign immunity

**Vernon Drawdy v. PRIDE**

**Case number: 3:22-CV-00372-MMH-MCR**

Civil Rights case alleging violations of the Eight and Fourteen Amendment filed by inmate who was injured using a piece of equipment in the work program

Case Dismissed and Closed.