

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 11 11 09 AM

**DOCUMENT # V59016 (8)**

1. Corporation Name  
**SPECIALTY NETWORK SERVICES, INC.**

Principal Place of Business Mailing Address  
**2600 LAKE LUCIEN DR.  
STE 113  
MATLAND FL 32751  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/17/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3145784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNION, THOMAS O.</b>	2. NAME	
STREET ADDRESS	<b>2600 LAKE LUCIEN DR STE 113</b>	3. STREET ADDRESS	
CITY ST ZIP	<b>MATLAND FL 32</b>	4. CITY ST ZIP	
TITLE	<b>C</b>	21. TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALE, ALVIN F.</b>	22. NAME	
STREET ADDRESS	<b>ONE FIRST UNION CENTER</b>	23. STREET ADDRESS	
CITY ST ZIP	<b>CHARLOTTE NC 11</b>	24. CITY ST ZIP	
TITLE	<b>D</b>	31. TITLE	<b>CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, JONATHAN J.</b>	32. NAME	
STREET ADDRESS	<b>50 N. LAURA ST 41ST FL</b>	33. STREET ADDRESS	
CITY ST ZIP	<b>JACKSONVILLE FL</b>	34. CITY ST ZIP	
TITLE	<b>V</b>	41. TITLE	<b>EXEC. VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIES, GEORGE J.</b>	42. NAME	
STREET ADDRESS	<b>2600 LAKE LUCIEN DR STE 109</b>	43. STREET ADDRESS	
CITY ST ZIP	<b>MATLAND FL 32</b>	44. CITY ST ZIP	
TITLE	<b>S</b>	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANSFORD, CHERYL W.</b>	52. NAME	
STREET ADDRESS	<b>2600 LAKE LUCIEN DR STE 113</b>	53. STREET ADDRESS	
CITY ST ZIP	<b>MATLAND FL 32</b>	54. CITY ST ZIP	
TITLE	<b>T</b>	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECOB, STANLEY E.</b>	62. NAME	
STREET ADDRESS	<b>2600 LAKE LUCIEN DR STE 113</b>	63. STREET ADDRESS	
CITY ST ZIP	<b>MATLAND FL 32</b>	64. CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment you may address.

SIGNATURE: Stanley E. Recob **STANLEY E. RECOB, TREASURER** DATE: **JUNE 6, 1995** TELEPHONE NUMBER: **(407) 875-2500**

CR2E034 (3/95)

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**SPECIALTY NETWORK SERVICES  
ADDITIONAL OFFICERS AND DIRECTORS**

**TITLE:** Vice Chairman  
**NAME:** C. Leon Wilson  
**STREET ADDRESS:** 2501 Wooten Blvd.  
**CITY-ST-ZIP:** Wilson, NC 27894

**TITLE:** Director  
**NAME:** Bernard Baum  
**STREET ADDRESS:** 1075 Inner Loop Road  
**CITY-ST-ZIP:** College Park, GA 30337

**TITLE:** Director  
**NAME:** F. Stevenson Brice  
**STREET ADDRESS:** 500 11th Street  
**CITY-ST-ZIP:** Columbus, GA 31902

**TITLE:** Director  
**NAME:** Joseph A. Cooper  
**STREET ADDRESS:** 3128 Smoketree Court  
**CITY-ST-ZIP:** Raleigh, NC 27626

**TITLE:** Director  
**NAME:** Lowell Kamm  
**STREET ADDRESS:** 7455 Chancellor Drive  
**CITY-ST-ZIP:** Orlando, FL 32809

**TITLE:** Director  
**NAME:** Doug King  
**STREET ADDRESS:** 301 N. Main Street  
**CITY-ST-ZIP:** Winston-Salem, NC 27150

**TITLE:** Director  
**NAME:** Ronnie C. Monger  
**STREET ADDRESS:** 127 W. Webster Street  
**CITY-ST-ZIP:** Whiteville, NC 28472

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**TITLE:** Director  
**NAME:** Mark R. Ricci  
**STREET ADDRESS:** 100 N. Tryon Street  
**CITY-ST-ZIP:** Charlotte, NC 28255

**TITLE:** Director  
**NAME:** Eloise A. Woods  
**STREET ADDRESS:** 1155 Peachtree Street  
**CITY-ST-ZIP:** Atlanta, GA 105205

**TITLE:** Executive Vice President  
**NAME:** Truman L. Hester  
**STREET ADDRESS:** 2600 Lake Lucien Drive  
**CITY-ST-ZIP:** Maitland, FL 32751

**TITLE:** Senior Vice President  
**NAME:** Curtis D. Fish  
**STREET ADDRESS:** 2600 Lake Lucien Drive  
**CITY-ST-ZIP:** Maitland, FL 32751

**TITLE:** Sr. Vice President  
**NAME:** Charles K. Lefevre  
**STREET ADDRESS:** 2600 Lake Lucien Drive  
**CITY-ST-ZIP:** Maitland, FL 32751

**TITLE:** Vice President  
**NAME:** George S. King  
**STREET ADDRESS:** 2600 Lake Lucien Drive  
**CITY-ST-ZIP:** Maitland, FL 32751

**TITLE:** Vice President  
**NAME:** Thomas W. Tesmer  
**STREET ADDRESS:** 2600 Lake Lucien Drive  
**CITY-ST-ZIP:** Maitland, FL 32751